No. C 35810		Due no later than Sep 30, 2014	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		RICHARD WALLACE			
SECRETARY OF STATE	1. Ma	1. Mailing Address: Correct in this box if needed. POST FALLS CHAMBER OF COMMERCE, INC PAM HOUSER 201 EAST FOURTH AVENUE POST FALLS ID 83854		1854 N LAKE WOOD DR #204 COEUR D'ALENE ID 83814 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PAM H 201 EAS						
NO FILING FEE IF	10311	FOST TALLS ID 63634					
RECEIVED BY DUE DATE							
4. Corporations: Enter Names and	l Business Addres	sses of President, Secretary, and Directors. Treasurer ((optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER RANDY OAKS		3646 WEST LOXTON LOOP	COEUR D'ALENE	ID	USA	83815	
DIRECTOR PAMELA HOUSE		404 EAST 2ND STREET	POST FALLS	ID	USA	83854	
	DAVIS	200 W. MULLAN AVE.	POST FALLS	ID	USA	83854	
PRESIDENT DANNY KLOCKO		2003 KOOTENAI HEALTH WAY	COEUR D ALENE	ID	USA	83815	
5. Organized Under the Laws of:	6. Annual	6. Annual Report must be signed.*					
ID		Signature: Deb Wheeler		Date: 09/08/2014			
C 35810	Name (Name (type or print): Deb Wheeler		Title: Operations Manager			
Processed 09/08/2014	* Electronically provided signatures are accepted as original signatures.						