| No. <b>C 155954</b>                                                              |                  | Due no later than Aug 31, 2015                                                                                                           |                                             | 2. Registered        | 2. Registered Agent and Address (NO PO BOX)                                          |         |             |  |
|----------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------|--------------------------------------------------------------------------------------|---------|-------------|--|
| Return to:                                                                       |                  | Annual Report Form                                                                                                                       |                                             | VALLEY VIS           | VALLEY VISTA CARE 820 ELM ST ST MARIES ID 83861  3. New Registered Agent Signature:* |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                  | 1. Mailing Address: Correct in this box if needed.  SANDPOINT EXTENDED HOUSING CORPORATION ATTN SANDY KENNELLY CEO C/O VALLEY VISTA CARE |                                             | ST MARIES            |                                                                                      |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                                         |                  | 820 ELM ST<br>ST MARIES ID 83861<br>USA                                                                                                  |                                             | 3. <u>New</u> Regist |                                                                                      |         |             |  |
| 4. Corporations: Enter N                                                         | Names and Busin  | ess Addresses o                                                                                                                          | f President, Secretary, and Directors. Trea | asurer (optional).   |                                                                                      |         |             |  |
| Office Held                                                                      | Name             |                                                                                                                                          | Street or PO Address                        | City                 | State                                                                                | Country | Postal Code |  |
| DIRECTOR                                                                         | PEG CARVE        | }                                                                                                                                        | 2301 CROMWELL DRIVE                         | ST MARIES            | ID                                                                                   | USA     | 83861       |  |
| DIRECTOR                                                                         | WAYNE FOXWORTH   |                                                                                                                                          | 352 AHRS LOOP                               | ST MARIES            | ID                                                                                   | USA     | 83861       |  |
| PRESIDENT                                                                        | TRASK SILVA      |                                                                                                                                          | PO BOX 336                                  | ST MARIES            | ID                                                                                   | USA     | 83861       |  |
| DIRECTOR                                                                         | RICHARD NYQUIST  |                                                                                                                                          | 831 MAIN STREET                             | ST MARIES            | ID                                                                                   | USA     | 83861       |  |
| SECRETARY                                                                        | MICHELE MCDANIEL |                                                                                                                                          | PO BOX 606                                  | ST. MARIES           | ID                                                                                   | USA     | 83861       |  |
| VICE PRESIDENT                                                                   |                  |                                                                                                                                          | 1006 WEST IDAHO                             | ST MARIES            | ID                                                                                   | USA     | 83861       |  |
| DIRECTOR                                                                         | JANICE MCC       | ALL                                                                                                                                      | 89421 HWY 3 NORTH                           | ST MARIES            | ID                                                                                   | USA     | 83861       |  |
| 5. Organized Under the Laws of:                                                  |                  | 6. Annual Report must be signed.*                                                                                                        |                                             |                      |                                                                                      |         |             |  |
| ID<br>C 155954                                                                   |                  | Signature: Kasey Borgman                                                                                                                 |                                             | Date: 07/02/2        | Date: 07/02/2015                                                                     |         |             |  |
|                                                                                  |                  | Name (type or print): Kasey Borgman                                                                                                      |                                             | Title: Dir of C      | Title: Dir of Corporate Compliance                                                   |         |             |  |
| Processed 07/02/2015                                                             |                  | * Electronically                                                                                                                         | provided signatures are accepted as origi   | nal signatures.      |                                                                                      |         |             |  |