No. <b>C 181334</b>		Due no later than Dec 31, 2015			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JOSEPHINE HALFHIDE				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  NATIVE WOMEN'S COALITION, INC.  JOSEPHINE HALFHIDE  841 E PENNSYLVANIA DR  BOISE ID 83706			841 E PENNSYLVANIA DR BOISE ID 83706  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Name	es and Busine	ess Addresses of	President, Secretary, and Directors. Treas	surer (d	optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
DIRECTOR D	DIRECTOR DONNA HON		841 E PENNSYLVANIA DR 841 E PENNSYLVANIA DR 841 E PENNSYLVANIA DR		BOISE BOISE BOISE	ID ID ID	USA USA USA	83706 83706 83706
5. Organized Under the Laws of:		6. Annual Report must be signed.*				D. 144/5	20/2015	
ID C 181334		Signature: josephine halfhide			Date: 11/29/2015			
		Name (type or print): josephine halfhide			Title: Administrator			
Processed 11/29/2015	* Electronically provided signatures are accepted as original signatures.							