No. C 142015		Due no later than Jan 31, 2016		2. Registered Agei	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. SPECIALIZED NEEDS RECREATION INC. PO BOX 2451 COEUR D'ALENE ID 83816		ANGIE GOUCHER 21182 N CAMPER RD RATHDRUM ID 83814 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered	Agents	signature:**		
4. Corporations: Enter Na	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	CAMRON CUTLER		1205 EVELYN CT	COEUR D ALENE	ID	USA	83815	
VICE PRESIDENT	CHARLENE HOFFMAN		PONDEROSA LOOP	POST FALLS	ID	USA	83854	
SECRETARY	LAURA ROLF	SON	7500 HEARTLAND	COEUR D ALENE	ID	USA	83815	
TREASURER	SHEREE COO	OPER	8119 N. SALMONBERRY LOOP	HAYDEN	ID	USA	83835	
DIRECTOR	JEANNIE BRE	ECKENRIDGE	262 KNOTTY PINE	COEUR D ALENE	ID	USA	83814	
DIRECTOR	WENDY CAR	ROLL	6314 N PINEGROVE DR	COEUR D ALENE	ID	USA	83815	
DIRECTOR	R JANET WATERDOWN		1311 SEBRINA AVE	COEUR D ALENE	ID	USA	83815	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Maria-Cristina Jenicek			Date: 02/23/2016			
C 142015		Name (type or print): Maria-Cristina Jenicek			Title: Administration			
Processed 02/23/2016 * Electronically provided signatures are accepted as original signatures.								