

No. <b>C 100285</b>		<b>Due no later than Dec 31, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> DISABILITY ACTION CENTER - NORTHWEST, INC. MARK LEEPER 505 NORTH MAIN ST. MOSCOW ID 83843		VANESSA BACHMAN 505 NORTH MAIN ST MOSCOW ID 83843		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	MARK LEEPER	1420 NW ORION DR.	PULLMAN	WA	USA	99163
TREASURER	MARGARET COAHRAN	950 N POLK EXT	MOSCOW	ID	USA	83843
DIRECTOR	JOE RAIDEN	1751 N POLK EXT #33	MOSCOW	ID	USA	83843
SECRETARY	LARRY TOPP	1576 W STATE STREET	COEUR D ALENE	ID	USA	83815
DIRECTOR	SHIRLEY RINGO	102 HERRINGTON ROAD	MOSCOW	ID	USA	83843
PRESIDENT	KATIE HEIMSCH	122 N. WASHINGTON 1A	MOSCOW	ID	USA	83843
DIRECTOR	JENNIFER BECKER	319 S HAYES STREET	MOSCOW	ID	USA	83843
VICE PRESIDENT	BILL FOSTER	PO BOX 8641	MOSCOW	ID	USA	83843
5. Organized Under the Laws of:  <b>ID C 100285</b>		6. Annual Report must be signed.* Signature: Mark Leeper Name (type or print): Mark Leeper  Date: 11/12/2012 Title: Ceo				
Processed 11/12/2012		* Electronically provided signatures are accepted as original signatures.				