No. **C 183588**	**Due no later than Jun 30, 2010** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** SANDPOINT PLAN CENTER, INC. KRIS S OWENS 1319 N DIVISION STE 102 SANDPOINT ID 83864	DOVLE READER 1319 N DIVISION STE 102 SANDPOINT ID 83864 3. New 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
PRESIDENT	DOYLE READER	1319 N. DIVISION	SANDPOINT	ID	USA	83864

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 183588**	Signature: Kris Owens	Date: 05/06/2010
	Name (type or print): Kris Owens	Title: Director/Coordinator

Processed 05/06/2010

* Electronically provided signatures are accepted as original signatures.