No. C 119348		Due no later than May 31, 2011 Annual Report Form		2. Registered Ager	Registered Agent and Address (NO PO BOX) MIKE SLOAN			
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. NORTH IDAHO TOURISM ALLIANCE, INC. SHARON MATTHEWS PO BOX 64 LIBERTY LAKE ID 99019		BONNERS FERR	7232 MAIN ST BONNERS FERRY ID 83805 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter	Names and Busin	ess Addresses o	f President, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ANNIE FRED	ERICK	P O BOX 162	ST. MARIES	ID	USA	83861	
DIRECTOR	GREG MARS	H	P O BOX 804	WALLACE	ID	USA	83873	
DIRECTOR	ALEX HART		10 STATION AVE	KELLOGG	ID	USA	83837	
DIRECTOR	ELLEN LARSEN		840 MAIN ST	RATHDRUM	ID	USA	83858	
DIRECTOR	RECTOR TED RUNBERG		P O BOX 929	PRIEST RIVER	ID	USA	83856	
DIRECTOR	DIRECTOR EILEEN KAIN		PO BOX 174	COOLIN	ID	USA	83821	
DIRECTOR	CTOR CHARLIE MILLER		105 N. FIRST ST. SUITE 100	COEUR D'ALENE	ID	USA	83814	
DIRECTOR CAROL GRAHAM		HAM	P O BOX 920	BONNERS FERRY	ID	USA	83805	
PRESIDENT MICHAEL SLOAM		.OAN	PO BOX 149	BONNERS FERRY	ID	USA	83805	
DIRECTOR	RICK SHAFF	ER	PO BOX 867	WALLACE	ID	USA	83873	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 119348		Signature: Sharon Matthews		Date: 03	Date: 03/21/2011			
		Name (type or print): Sharon Matthews		Title: Grant Administrator				
Processed 03/21/2011		* Electronically	provided signatures are accepted as original s	signatures.				