

No. <b>C 100285</b>		<b>Due no later than Dec 31, 2015</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	SONIA VANWOERKOM	810 19TH ST	LEWISTON	ID	USA	83501
DIRECTOR	TOM TRAIL	1375 MOUNTAIN VIEW RD	MOSCOW	ID	USA	83843
DIRECTOR	SHIRLEY RINGO	1021 HERRINGTON RD	MOSCOW	ID	USA	83843
DIRECTOR	MARK LEEPER	1420 NW ORION DR.	PULLMAN	WA	USA	99163
PRESIDENT	LARRY TOPP	3825 N RAMSEY RD APT 403	COEUR D ALENE	ID	USA	83815
DIRECTOR	BILL FOSTER	PO BOX 8641	MOSCOW	ID	USA	83843
DIRECTOR	PAULETTE JORDAN	945 Q STREET	PLUMMER	ID	USA	83857
VICE PRESIDENT	ARTICE JEAN COIL	PO BOX 2184	OROFINO,	ID	USA	83544
SECRETARY	DIANNE MILHOLLIN	8291 W. CLUBHOUSE LANE	GARDEN CITY	ID	USA	83714
TREASURER	KARL M. JOHANSON	800 NW GREYHOUND LANE	PULLMAN	WA	USA	99163
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: 10/15/2015 Title: Executive Director				
Processed 10/15/2015		* Electronically provided signatures are accepted as original signatures.				