

No. C 124136		Due no later than May 31, 2017 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. COEUR D'ALENE AREA SWIM TEAM, INC. BRENDA ERICKSON PO BOX 846 POST FALLS ID 83877		BRENDA ERICKSON 226 IRONWOOD DR #A2 COEUR D'ALENE ID 83814			
						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	
SECRETARY	MAURISSA ARCHER	PO BOX 846	POST FALLS	ID	USA	83877	
TREASURER	BRENDA ERICKSON	PO BOX 846	POST FALLS, ID.	ID	USA	83877	
PRESIDENT	ERIK SMITH	PO BOX 846	POST FALLS	ID	USA	83877	
5. Organized Under the Laws of: ID C 124136		6. Annual Report must be signed.* Signature: Brenda Erickson Name (type or print): Brenda Erickson					
		Date: 05/30/2017 Title: treas					
Processed 05/30/2017		* Electronically provided signatures are accepted as original signatures.					