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| No. C 84583 | | Due no later than Aug 31, 2013 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. NATIONAL INDIAN CHILD WELFARE ASSOCIATION, INC. TERRY CROSS 5100 SW MACADAM AVE., STE 300 PORTLAND OR 97239 | | MIKE GUILFOYLE 17246 SHIRROD RD GENESEE ID 83832 | | | |
| | | | | 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 | |
| TREASURER | GARY PETERSON | NORTH 1110 HWY. 106 | SKOKOMISH NATION | WA | USA | 98584 | |
| SECRETARY | ROCHELLE ETTAWAGESHIK | 5453 HUGHSTON RD. | HARBOR SPRINGS | MI | USA | 49740 | |
| PRESIDENT | MAURICE LYONS | 11900 LAWS ROAD | BANNING | CA | USA | 92220 | |
| 5. Organized Under the Laws of: OR C 84583 | | 6. Annual Report must be signed.* Signature: Matthew Scott Name (type or print): Matthew Scott | | | | | |
| | | Date: 08/22/2013 Title: Operations Manager | | | | | |
| Processed 08/22/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |