No. C 181749 Return to:		Due no later than Jan 31, 2017 Annual Report Form			Registered Agent and Address (NO PO BOX) SHANNON WILLIAMSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LAKE PEND OREILLE WATERKEEPER, INC SHANNON WILLIAMSON PO BOX 732 SANDPOINT ID 83864		1827 MEGAN SANDPOINT	1827 MEGAN LANE SANDPOINT ID 83864 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		SANDFOINT	U 03004	o. <u>New</u> Registers	ed Agent of	griatare.		
4. Corporations: Enter Na	mes and Busin	ess Addresses o	f President, Secretary, and Directors. Treasu	ırer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR PRESIDENT VICE PRESIDENT SECRETARY DIRECTOR	SUSAN KUBIAK STEVE HOLT CHRIS HECHT DAVE HUSSEY GRAY HENDERSON		PO BOX 142 6162 EUREKA RD PO BOX 369 75 CROOKED EAR CT 1621 SEQUOIA ST.	DOVER SAGLE SAGLE SANDPOINT SANDPOINT	ID ID ID ID ID	USA USA USA USA USA	83825 83860 83864 83864 86864	
5. Organized Under the Laws of: ID C 181749		6. Annual Report must be signed.* Signature: Shannon Williamson Name (type or print): Shannon Williamson			Date: 01/10/2017 Title: Executive Director			
Processed 01/10/2017 * Electronically provided signatures are accepted as original signatures.								