

No. C 161400		Due no later than Jul 31, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. NUMERICA CREDIT UNION CINDY LEAVER PO BOX 4000 SPOKANE VALLEY WA 99037		KAREN HANKS 8370 N CORNERSTONE DR HAYDEN ID 83835		
				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	SCOTT CLARK	19608 E. KNOX	LIBERTY LAKE	WA	USA	99016
DIRECTOR	DAVE SHRIVER	1630 W. RIVERSIDE #102	SPOKANE	WA	USA	99201
SECRETARY	ADAM BENSON	1915 E 63TH AVE	SPOKANE	WA	USA	99223
DIRECTOR	YVONNE SMITH	9105 N. JAMES CT.	SPOKANE	WA	USA	99208
DIRECTOR	SUSAN NIELSEN	3409 E TARA DRIVE	SPOKANE	WA	USA	99223
DIRECTOR	SCOTT PLUMB	15415 E 23 RD	SPOKANE VALLEY	WA	USA	99037
PRESIDENT	CARLA L ALTEPETER	15118 E RIDGE LN	SPOKANE VALLEY	WA	USA	99037
SECRETARY	RON HUPP	135 HEATHER LANE	WENATCHEE	WA	USA	98801
DIRECTOR	ROBIN HARMON	16211 N MADISON RD	MEAD	WA	USA	99021
DIRECTOR	WES MORTENSEN	507 S LUCILLE CT.	SPOKANE VALLEY	WA	USA	99216
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
WA C 161400		Signature: Cindy Leaver		Date: 07/23/2015		
		Name (type or print): Cindy Leaver		Title: CFO		
Processed 07/23/2015		* Electronically provided signatures are accepted as original signatures.				