

No. <b>C 119348</b>		<b>Due no later than May 31, 2014</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>  NORTH IDAHO TOURISM ALLIANCE, INC. SHARON MATTHEWS PO BOX 64 LIBERTY LAKE ID 99019		EILEEN KAIN 64 ADAMS RD PRIEST LAKE ID 83856		
				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	SHELLEY TSCHIDA	P O BOX 1162	SPIRIT LAKE	ID	USA	83869
DIRECTOR	TAMI CRAWFORD	151 W ORCHARD AVE	HAYDEN	ID	USA	83835
DIRECTOR	RICK SHAFFER	PO BOX 867	WALLACE	ID	USA	83873
DIRECTOR	ANNIE FREDERICK	P O BOX 162	ST. MARIES	ID	USA	83861
DIRECTOR	GREG MARSH	P O BOX 804	WALLACE	ID	USA	83873
DIRECTOR	ALEX HART	10 STATION AVE	KELLOGG	ID	USA	83837
SECRETARY	ELLEN LARSEN	840 MAIN ST	RATHDRUM	ID	USA	83858
DIRECTOR	ANNE SWEETMAN	P O BOX 929	PRIEST RIVER	ID	USA	83856
PRESIDENT	EILEEN KAIN	PO BOX 174	COOLIN	ID	USA	83821
DIRECTOR	CHARLIE MILLER	105 N. FIRST ST. SUITE 100	COEUR D'ALENE	ID	USA	83814
VICE PRESIDENT	STEPHANIE SIMS	P O BOX 920	BONNERS FERRY	ID	USA	83805
DIRECTOR	DEB WHEELER	510 E. 6TH AVE	POST FALLS	ID	USA	83854
DIRECTOR	KATHERINE COPPOCK	105 N. 1ST ST.	COEUR D'ALENE	ID	USA	83814
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
<b>ID C 119348</b>		Signature: Sharon Matthews Name (type or print): Sharon Matthews		Date: 04/16/2014 Title: Grant Administrator		
Processed 04/16/2014		* Electronically provided signatures are accepted as original signatures.				