

No. C 73285		Due no later than 7/31/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. COMMUNITY ASSISTANCE LEAGUE, INCORPORATED SECRETARY P. O. BOX 1361 SANDPOINT ID 83864		BARBARA BUCHANAN 8403 SAGLE RD SAGLE ID 83860	
				3. New Registered Agent Signature:	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
Office Held	Name	Street or PO Address	City	State	Zip
President	Barbara Buchanan	8403 Sagle Rd,	Sagle	ID	83860
Vice-President	Barbara Eacret	487 Bay Drive	Sagle	ID	83860
Secretary	Marie Valentine	146 Stewarts Dr.	Sagle	ID	83860
Treasurer	Shawna Parry	1176 Granite Ridge Dr.	Sandpoint,	ID	83864
5. Organized Under the Laws of:		6. Annual Report must be signed.			
ID C 73285		Signature: <u>Shawna M. Parry</u>		Date: <u>8.30.09</u>	
		Name(type or print): <u>Shawna M. Parry</u>		Title: <u>Treasurer</u>	