

No. C100285	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX																																																																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		MARK LEEPER 124 E THIRD ST																																																																			
	DISABILITY ACTION CENTER - N MARK LEEPER 124 E THIRD ST MOSCOW ID 83843		MOSCOW ID 83843 3. Organized Under the Laws of: ID C100285																																																																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"><u>Office held</u></th> <th style="width:20%;"><u>Name</u></th> <th style="width:35%;"><u>Street or P.O. Address</u></th> <th style="width:15%;"><u>City</u></th> <th style="width:10%;"><u>State</u></th> <th style="width:5%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																																																												
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5. Signature of New Registered Agent		6. Signature <u><i>Vanessa Bachman</i></u> Date <u>7-19-99</u> Name (Typed or Printed) <u>Vanessa Bachman</u> Title <u>Fin. mgr.</u>																																																																				

ISSUED: 07-03-1999

29983

DISABILITY ACTION CENTER-NORTHWEST

BOARD OF DIRECTORS

March 1999

<u>TERM EXPIRES</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
2000	Judy Benson Secretary	P.O. Box 87 Colton WA 99113	H. 229-3499
2000	Susan Schaeffer	P.O. Box 236 Pullman WA 99163	H. 332-5213 W. 335-1757
2001	Bryon Branting Chair	500 S. Ave Deary ID 83823	H. 877-1588
2001	Bill Foster	PO Box 543 Potlatch ID 83855	H. 875-0664
2001	Janice Fletcher	1661 Appaloosa Moscow ID 83843	H. 882-2293 W. 885-7321
1999	Burt Anderson Treasurer	404 East E St Moscow ID 83843	H. 883-3069
1999	David Miles	P.O. Box 365 Lapwai ID 83540	H. 843-7363