No. C 50064 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Sep 30, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. LEWIS-CLARK EARLY CHILDHOOD PROGRAM, INC. DORLAN HERGESHEIMER 1816 18TH AVE LEWISTON ID 83501 USA		2. Registered Ag	Registered Agent and Address (NO PO BOX) DORLAN HERGESHEIMER										
				1816 18TH AVE LEWISTON ID 83501 3. New Registered Agent Signature:*											
								4. Corporations: Ente	er Names and Busin	ess Addresses of I	President, Secretary, and Directors. Treasur	er (optional).			
								Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	JEANNINE FI	ERGUSON	633 MAIN STREET SUITE 103	LEWISTON	ID	USA	83501								
DIRECTOR	DAVE TROY		P. O. BOX 796	LEWISTON	ID	USA	83501								
DIRECTOR	ROD WILSO	N	154 RESERVOIR DR.	LEWISTON	ID	USA	83501								
DIRECTOR	JANET DANLEY		1470 BRIDGE ST.	CLARKSTON	WA	USA	99403								
DIRECTOR	REBECCA CORDOBA		1722 5TH STREET APT. 2	LEWISTON	ID	USA	83501								
DIRECTOR	ERIKA STRICKER		1317 POPLAR STREET	CLARKSTON	WA	USA	99403								
TREASURER	BETH PRICE		P. O. BOX 443183	MOSCOW	ID	USA	83844								
DIRECTOR	MICHAEL HABERMAN		117 W. 17TH AVENUE	LEWISTON	ID	USA	83501								
DIRECTOR	DAWN HEUSTIS		301 1ST AVENUE	JULIAETTA	ID	USA	83535								
DIRECTOR	NATALIE FLIPPER		724 27TH STREET	LEWISTON	ID	USA	83501								
SECRETARY	LINDA HALL		1646 RIMVIEW DR.	CLARKSTON	WA	USA	99403								
PRESIDENT	KORLYN WIL	LLIAMS	P. O. BOX 1167	LEWISTON	ID	USA	83501								
5. Organized Under	the Laws of:	6. Annual Report	must be signed.*												
		Signature: Karla Rees Date: 07/12/2010													
C 50064		Name (type or print): Karla Rees		Title: Admin. Asst.											
Processed 07/12/201	0	* Electronically pr	ovided signatures are accepted as original	signatures.											