



**ANNUAL REPORT
KALISPEL TRIBE OF INDIANS
NON-PROFIT CORPORATION**

(Per Chapter 30, § 30-2.51, §30-2.52, §30-2.54 Law and Order Code of the Kalispel Tribe of Indians)

FILING FEE: \$15.00

- Type, print or fill in with ink.
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Checks made payable to "Kalispel Tribe of Indians"
- Date, sign and send one original to:

**KALISPEL TRIBE OF INDIANS
ATTN: TRIBAL SECRETARY
P.O. BOX 39
USK, WA 99180**

FOR OFFICE USE ONLY

FILED: _____ / _____ / _____

ANNUAL REPORT IS DUE BY JANUARY 1, (YEAR)

NAME OF CORPORATION: _____					
CORPORATION NUMBER: <i>(If known)</i> _____					
ADDRESS OF PRINCIPAL PLACE OF BUSINESS: _____					
CITY: _____ STATE: <u>WA</u> ZIP CODE: _____					
BRIEFLY DESCRIBE THE AFFAIRS THE CORPORATION IS CONDUCTING: _____					
<i>List Names and Addresses of all Directors and Officers</i>					
PRESIDENT:	_____	_____	_____	_____	_____
	<i>Name</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
V. PRESIDENT:	_____	_____	_____	_____	_____
	<i>Name</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
SECRETARY:	_____	_____	_____	_____	_____
	<i>Name</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
TREASURER:	_____	_____	_____	_____	_____
	<i>Name</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
DIRECTORS:	_____	_____	_____	_____	_____
	<i>Name</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>(Attach list, if needed)</i>					
	_____	_____	_____	_____	_____
	<i>Name</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

NAME AND ADDRESS OF THE REGISTERED AGENT: <input type="checkbox"/> Check the box if the registered agent or address has changed		
NAME: _____		
PHYSICAL LOCATION ADDRESS: <i>(Required)</i> _____		
CITY: _____ STATE: _____ ZIP CODE: _____		
MAILING OR POSTAL ADDRESS: <i>(Optional)</i> _____		
CITY: _____ STATE: _____ ZIP CODE: _____		
X	_____	_____
	<i>Signature of Registered Agent</i>	<i>Printed Name</i>
		<i>Date</i>

X	_____	_____	_____
	<i>Signature of Officer</i>	<i>Title of Officer</i>	<i>Date Form is Signed</i>