| No. <b>C 152086</b>  |              | Due no later than Dec 31, 2016 2. Registered Agent and Address (NO PO BOX)  |  |  |                  |         | PO BOX)     |          |
|--|--------------|---|--|--|------------------|---------|-------------|----------|
| Return to:   |              | A   | STEPHANIE                                  | STEPHANIE PLISCHKE 17099 N MIDSUMMERS LN NAMPA ID 83687  3. New Registered Agent Signature:* |                  |         |             |          |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |              | 1. Mailing Address: Correct in this box if needed.  SUMMERSBY SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.  STEPHANIE PLISCHKE  17099 N MIDSUMMERS LN NAMPA ID 83687 |  |  |                  |         |             | NAMPA ID |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |              |   |  |  |                  |         |             |          |
| 4. Corporations: Enter Name  | es and Busin | ess Addresses of Pr   | esident, Secretary, and Directors. Treasur | er (optional).   |                  |         |             |          |
| Office Held  | Name         |   | Street or PO Address                       | City   | State            | Country | Postal Code |          |
|  |              |   | 17099 N MIDSUMMERS LN                      | NAMPA  | ID               | USA     | 83687       |          |
|  |              |   | 17093 N MIDSUMMERS LN                      | NAMPA  | ID               | USA     | 83687       |          |
| PRESIDENT TOM MAHONEY  |              | NEY   | 17111 N MIDSUMMERS LN                      | NAMPA  | ID               | USA     | 83687       |          |
| 5. Organized Under the Laws of:  |              | 6. Annual Report must be signed.*   |  |  |                  |         |             |          |
| ID   |              | Signature: Stephanie Plischke   |  |  | Date: 11/06/2016 |         |             |          |
| C 152086   |              | Name (type or print): Stephanie Plischke  |  |  | Title: Treasurer |         |             |          |
| Processed 11/06/2016 * Electronically provided signatures are accepted as original signatures. |              |   |  |  |                  |         |             |          |