| No. C 161480 | | Due no later than Jul 31, 2016 | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|--|---|--|----------|------------|----------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. MEADOW RIDGE OWNERS ASSOCIATION, INC. DON SMOCK 1250 IRONWOOD DRIVE 226 | SHERRY LENARZ 1250 IRONWOOD DR STE 226 COEUR D ALENE ID 83814 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | COEUR D ALENE ID 83814 | | | | |
| 4. Corporations: Enter Names a Office Held Nan | | ess Addresses of President, Secretary, and Directors. Treasurer Street or PO Address | (optional). City | State | Country | Postal Code |
| DIRECTOR MIKE UEMOTO DIRECTOR DON SMOCK | | O 1250 IRONWOOD DRIVE SUITE 226 | COEUR D'ALENE | ID ID | USA USA | 83814 83814 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | |
| ID C 161480 | | Signature: Laura W. White Date: 07/27/2016 | | | | |
| | | Name (type or print): Laura W. White Title: Account Manager | | | | |
| Processed 07/27/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | |