

No. C 181833	Due no later than Feb 28, 2015 Annual Report Form	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. VILLA NORTH, INC. LORI WARD P.O. BOX 6029 TWIN FALLS ID 83303-6029 USA	LORI HALLE WARD 1070 LAURELWOOD CT TWIN FALLS 83301 3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	LORI WARD	1070 LAURELWOOD CT	TWIN FALLS	ID	USA	83301
DIRECTOR	RICHARD J WORST	905 SHOSHONE ST E	TWIN FALLS	ID	USA	83301
DIRECTOR	ROBERT A. SEASTROM	4022 CANYON RIDGE DRIVE	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 181833	6. Annual Report must be signed.* Signature: Lori H Ward Name (type or print): Lori H Ward		Date: 01/06/2015 Title: Director			
Processed 01/06/2015		* Electronically provided signatures are accepted as original signatures.				