No. C 47505		Due no later than May 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. SHALIMAR HOME OWNERS ASSOCIATION, INC. LINDA WADE PO BOX 983 NAMPA ID 83653 USA		2. Registered A	2. Registered Agent and Address (NO PO BOX) PATSY WATERS 719 PARKSIDE WAY NAMPA ID 83686 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				719 PARKSI NAMPA ID				
4. Corporations: Enter Na	mes and Busin	ess Addresses of P	resident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	SUMMER GLAZE		3006 PASCOE LANE	NAMPA	ID	USA	83686	
DIRECTOR	ROB JAMISON		706 VISTA TERRACE	NAMPA	ID	USA	83686	
SECRETARY	LANCE HINT	ON	704 PARKSIDE WAY	NAMPA	ID	USA	83686	
DIRECTOR	DIRECTOR CHRIS WAT		2917 PASCOE LANE	NAMPA	ID	USA	83686	
DIRECTOR	KIMBERLY JOHANE		2815 GREENVALE PLACE	NAMPA	ID	USA	83686	
DIRECTOR	RECTOR SCOTT EARI		702 VISTA TERRACE	NAMPA	ID	USA	83686	
PRESIDENT	KEN SWAIM		2704 PASCOE LANE	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Ken Swaim			Date: 05/28/2015			
C 47505		Name (type or print): Ken Swaim			Title: President			
Processed 05/28/2015	* Electronically provided signatures are accepted as original signatures.							