

|                                                                                                                                                        |               |                                                                                                                                                                      |       |                                                        |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------|-------------|--|
| No. <b>C 93242</b>                                                                                                                                     |               | <b>Due no later than Sep 30, 2017</b>                                                                                                                                |       | <b>2. Registered Agent and Address (NO PO BOX)</b>     |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>BLUFFS HOMEOWNERS ASSOCIATION, INC. (THE)<br>NORRAE SPOHN<br>3340 N MOUNTAIN LANE<br>BOISE ID 83702 |       | NORRAE SPOHN<br>3340 N MOUNTAIN LANE<br>BOISE ID 83702 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                      |       | 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 |  |
| TREASURER                                                                                                                                              | NORRAE SPOHN  | 3340 NORTH MOUNTAIN LANE                                                                                                                                             | BOISE | ID                                                     | USA     | 83702       |  |
| PRESIDENT                                                                                                                                              | DAVID CLOPTON | 3304 N MOUNTAIN LANE                                                                                                                                                 | BOISE | ID                                                     | USA     | 83702       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 93242</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: NorRae Spohn<br>Name (type or print): NorRae Spohn<br>Date: 08/01/2017<br>Title: Treasurer                           |       |                                                        |         |             |  |
| Processed 08/01/2017                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                            |       |                                                        |         |             |  |