| No. C 175486 | | Due no later than Oct 31, 2017 2. Registered Agent and Address (NO PO BOX) | | | | | PO BOX) | |
|--|--------------------|--|---|-----------------------------------|---|---------|-------------|--|
| Return to: | | A | nnual Report Form | THOMAS J k | THOMAS J KATSILOMETS | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. | | NAME OF THE PARTY OF THE PARTY OF | 639 UNIVERSITY DR POCATELLO ID 83201 3. New Registered Agent Signature:* | | | |
| | | PANORAMA SUBDIVISION HOMEOWNERS' ASSOCIATION, INC. THOMAS J KATSILOMETES PO BOX 11 | | l, | | | | |
| NO FILING FEE IF | | POCATELLO ID 83204 | | | | | | |
| RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter Na | mes and Busin | ess Addresses of Pr | esident, Secretary, and Directors. Treasu | urer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT THOMAS J H | | KATSILOMETES | P.O. BOX 11 | POCATELLO | ID | USA | 83204 | |
| SECRETARY ANNA SPERC | | OS | 639 UNIVERSITY DR | POCATELLO | ID | USA | 83201 | |
| DIRECTOR | DIRECTOR K MATHEWS | | P.O. BOX 11 | POCATELLO | ID | USA | 83204 | |
| 5. Organized Under the Laws of: 6. A | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: T. Ka | | Date: 10/04/2017 | | | | |
| C 175486 | | Name (type or print): T. Katsilometes | | | Title: President | | | |
| Processed 10/04/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |