

|  |                 |   |               |  |                     |
|--|-----------------|---|---------------|--|---------------------|
| No. <b>C 202360</b>  |                 | <b>Due no later than Jun 30, 2018</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>TRAILS HOMEOWNER'S ASSOCIATION, INC. (THE)<br>1110 W PARK PLACE<br>SUITE 101<br>COEUR D ALENE ID 83814-2781 |               | MELISSA S WELLS<br>1110 W PARK PLACE<br>SUITE 101<br>COEUR D ALENE ID 83814-2781 |                     |
|  |                 |   |               | 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   | MELISSA S WELLS | 1110 W PARK PLACE SUITE 101   | COEUR D ALENE | ID   | 83814-2781          |
| DIRECTOR   | ALLEN B DYKES   | 1110 W PARK PLACE SUITE 101   | COEUR D ALENE | ID   | 83814-2781          |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*   |               |  |                     |
| <b>ID<br/>C 202360</b>   |                 | Signature: Sherry J Lenarz<br>Name (type or print): Sherry J Lenarz   |               | Date: 04/24/2018<br>Title: Manager   |                     |
| Processed 04/24/2018   |                 | * Electronically provided signatures are accepted as original signatures.   |               |  |                     |