| No. C 205689 | | Due no later than Apr 30, 2016 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. QUAIL RIDGE ESTATES TWIN FALLS HOMEOWNERS ASSOCIATION, INC. 16434 246TH AVE NE WOODINVILLE WA 98077 | | ed. | DEAN E SEIBEL 4064 QUAIL RIDGE DR KIMBERLY ID 83341 3. New Registered Agent Signature:* | | | |
| | | l ess Addresses o | f President, Secretary, and Directors. Tre | easurer (| optional). | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| DIRECTOR MITCH SOULD DIRECTOR CHRISTINE S DIRECTOR DEAN SEIBEL DIRECTOR BOB ROBERT DIRECTOR JEREMY PETE | | SOULE L TS | 16434 246TH AVE NE 16434 246TH AVE NE 4064 QUAIL RIDGE DR 1471 FILLMORE ST STE C 4089 QUAIL RIDGE DR | | WOODINVILLE WOODINVILLE KIMBERLY TWIN FALLS KIMBERLY | WA WA ID ID ID | - | 98077 98077 83341 83301 83341 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 205689 | | Signature: Mitch Name (type or print): Mitch | | | Date: 05/19/2016 Title: Soule | | | |
| Processed 05/19/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |