| No. <b>C 197515</b>   |      | Due no later than Feb 29, 2016  |                            | 2. Registered                                | 2. Registered Agent and Address (NO PO BOX)  |         |             |  |
|---|------|---|----------------------------|--|--|---------|-------------|--|
| Return to:  |      | Annual Report Form  |                            | Dec. (1000) 1000 1000 1000 1000 1000 1000 10 | STEVE GLASGOW                                |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                                  |      | 1. Mailing Address: Correct in this box if needed.  |                            |  | 738 S BRIDGEWAY PL STE 175<br>EAGLE ID 83616 |         |             |  |
|   |      | HARRINGTON CROSSING SUBDIVISION HOMEOWNERS' ASSOCIATION, INC. 738 S BRIDGEWAY PL 175 EAGLE ID 83616 |                            | EAGLE ID                                     | LAGIL ID 03010                               |         |             |  |
|   |      |   |                            | 3. <u>New</u> Regis                          | 3. <u>New</u> Registered Agent Signature:*   |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE  |      |   |                            |  |  |         |             |  |
| 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 STEVE GLAS   |      |   | 738 S BRIDGEWAY PL STE 175 | EAGLE  | ID   | USA     | 83616       |  |
| DIRECTOR JUDY GLASG   |      | OW  | 738 S BRIDGEWAY PL STE 175 | EAGLE  | ID   | USA     | 83616       |  |
| 5. Organized Under the Laws of:   |      | 6. Annual Report mu   |                            |  |  |         |             |  |
| ID<br>C 197515  |      | Signature: Steve Glasgow  |                            |  | Date: 02/04/2016                             |         |             |  |
|   |      | Name (type or pri   |                            | Title: Director                              |  |         |             |  |
| Processed 02/04/2016 * Electronically provided signatures are accepted as original signatures.                    |      |   |                            |  |  |         |             |  |