No. <b>C 48481</b>	Due no later than Nov 30, 2013	2. Registered Agent and Address (NO PO BOX)			
Return to: Annual Report Form		LISA DONNELLY			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	ATARAXIS ACCOUNTING 864 FILER AVE TWIN FALLS ID 83301			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MEANDER POINT SUBDIVISION HOMEOWNERS CORPORATION (THE) LISA DONNELLEY				
	ATARAXIS ACCOUNTING	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	864 FILER AVE TWIN FALLS ID 83301 USA				
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
SECRETARY MAGAN HOPRESIDENT MIKE HOD		TWIN FALLS TWIN FALLS	ID ID	USA USA	83301 83301
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Lisa Donnelley	Date: 09/25/2013			
C 48481	Name (type or print): Lisa Donnelley	Title: Cpa			
Processed 09/25/2013	* Electronically provided signatures are accepted as original signatures.				