| No. C 159497 | | CONTRACTOR SECURIOR SERVICE FOR SECURIOR FOR SECURIOR SEC | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|--|---|---|--|---------|-------------|
| Return to: | | Annual Report Form | | | JAMES D CHAMBERS 911 E WINDING CREEK DR STE 150 EAGLE ID 83616 | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. | | | | | |
| | | FIR GROVE ESTATES HOMEOWNERS ASSOCIATION INC. JAMES D CHAMBERS 911 E WINDING CREEK DR STE 150 | | EAGLE ID | | | |
| | | EAGLE ID 83616 | | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Corporations: Enter Na | mes and Busin | ess Addresses of | President, Secretary, and Directors. Treasure | r (optional). | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| TREASURER | JAMES D C | HAMBERS | 911 E WINDING CREEK DR STE 150 | EAGLE | ID | USA | 83616 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Ja | Date: 03/31/2016 | | | | |
| C 159497 | | Name (type o | Title: Treasurer | | | | |
| Processed 03/31/2016 | Processed 03/31/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | |