

|  |                |  |               |   |         |             |  |
|--|----------------|--|---------------|---|---------|-------------|--|
| No. <b>C 170092</b>  |                | <b>Due no later than Nov 30, 2015</b>  |               | 2. Registered Agent and Address <b>(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>POLSTON AVENUE CONDOMINIUMS OWNERS ASSOCIATION,<br>INC.<br>JANA BOWEN<br>1296 E POLSTON AVE STE B<br>POST FALLS ID 83854 |               | JANA BOWEN<br>1296 E POLSTON AVE STE B<br>POST FALLS ID 83854 |         |             |  |
|  |                |  |               | 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 |  |
| TREASURER  | JANA D BOWEN   | 1296 E POLSTON AVE SUITE B   | POST FALLS    | ID  | USA     | 83854       |  |
| SECRETARY  | JODI JOHNSON   | 1296 E POLSTON AVE SUITE A   | POST FALLS    | ID  | USA     | 83854       |  |
| PRESIDENT  | JANA D BOWEN   | 1296 E POLSTON AVE SUITE B   | COEUR D'ALENE | ID  | USA     | 83854       |  |
| DIRECTOR   | SCOTT JOHNSON  | 1296 E POLSTON AVE SUITE A   | POST FALLS    | ID  | USA     | 83854       |  |
| DIRECTOR   | JOSEPH M BOWEN | 1296 E POLSTON AVE SUITE B   | COEUR D'ALENE | ID  | USA     | 83854       |  |
| VICE PRESIDENT   | JODI JOHNSON   | 1296 E POLSTON AVE SUITE A   | POST FALLS    | ID  | USA     | 83854       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 170092</b>  |                | 6. Annual Report must be signed.*<br>Signature: Jana Bowen<br>Name (type or print): Jana Bowen<br>Date: 09/30/2015<br>Title: President   |               |   |         |             |  |
| Processed 09/30/2015   |                | * Electronically provided signatures are accepted as original signatures.  |               |   |         |             |  |