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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------|---------|-------------|
| No. <b>C 189326</b>                                                                                                                                    |                 | <b>Due no later than Dec 31, 2013</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>                                                                                                                                                                    |          | TRAVIS L ANDERSON<br>3405 E OVERLAND RD STE 150<br>MERIDIAN ID 83642 |         |             |
|                                                                                                                                                        |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br>SOUTH COLE BUSINESS PARK II CONDOMINIUM<br>ASSOCIATION, INC.<br>PHIL O'BRYAN<br>3405 E OVERLAND RD STE 150<br>MERIDIAN ID 83642 |          | 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 |
| DIRECTOR                                                                                                                                               | TRAVIS ANDERSON | 3405 E OVERLAND RD STE 150                                                                                                                                                                   | MERIDIAN | ID                                                                   | USA     | 83642       |
| DIRECTOR                                                                                                                                               | MICHAEL REICH   | 3405 E OVERLAND RD STE 150                                                                                                                                                                   | MERIDIAN | ID                                                                   | USA     | 83642       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 189326</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Travis Anderson<br>Name (type or print): Travis Anderson                                                                                     |          |                                                                      |         |             |
| Date: 10/16/2013<br>Title: Director                                                                                                                    |                 |                                                                                                                                                                                              |          |                                                                      |         |             |
| Processed 10/16/2013                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                    |          |                                                                      |         |             |