No. C 151605		Due no later than Nov 30, 2015		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		STEPHANE GIVENS 605 E 8TH AVE STE C POST FALLS ID 83854 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SUNSHINE MEADOW OWNERS ASSOCIATION, INC. ABC MANAGEMENT PO BOX 3450 POST FALLS ID 83877						
								RECEIVED BY DUE DATE
4. Corporations: Enter Name	es and Busine	ess Addresses of Preside	nt, Secretary, and Director	rs. Treasurer (optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
VICE PRESIDENT T	MARK WORTH TARA SMITH MARSHALL MEND		C/O ABC MANAGEMENT C/O ABC MANAGEMENT C/O ABC MANAGEMENT	PO BOX 3450	POST FALLS	ID ID ID	USA USA USA	83877 83877 83877
5. Organized Under the Laws of:		6. Annual Report must b						
ID		Signature: STEPHANIE GIVENS		Date: 10/13/2015				
C 151605		Name (type or print): STEPHANIE GIVENS			Title: PROPERTY MANAGER			
rocessed 10/13/2015 * Electronically provided signatures are accepted as original signatures.								