| No. <b>C 151649</b>  |  | Due no   | 2. Registered Agent and Address (NO PO BOX)   |  |                      |                                 |   |
|--|--|--|---|--|----------------------|---------------------------------|---|
| Return to:   |  | Annual Report Form   |   | SHERRY LENARZ  |                      |                                 |   |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |  | 1. Mailing Address: Correct in this box if needed.  LANDINGS HOMEOWNERS' ASSOCIATION, INC. (THE)  SHERRY LENARZ C/O ASSOCIATION SERVICES INC  1250 IRONWOOD DR STE 226  COEUR D ALENE ID 83814 |   | 1250 IRONWOOD DR STE 226 COEUR D'ALENE ID 83814  3. New Registered Agent Signature:* |                      |                                 |   |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |  |  |   |  |                      |                                 |   |
| 4. Corporations: Enter Nam   | es and Busine  | ess Addresses of Presid  | dent, Secretary, and Directors. Treasurer   | (optional).  |                      |                                 |   |
| Office Held  | e Held Name  |  | Street or PO Address  | City   | State                | Country                         | Postal Code                               |
| VICE PRESIDENT<br>DIRECTOR<br>TREASURER  | FRED MARTIN<br>KEVIN KLEINWORTH<br>MATTHEW SHARDY<br>AARON CURTI<br>DEBORAH ROSE |  | 1250 IRONWOOD DRIVE SUITE 226<br>1250 IRONWOOD DRIVE SUITE 226<br>1250 IRONWOOD DRIVE SUITE 226<br>1250 IRONWOOD DRIVE SUITE 226<br>1250 IRONWOOD DRIVE SUITE 226 | COEUR D'ALENE<br>COEUR D'ALENE<br>COEUR D'ALENE<br>COEUR D'ALENE<br>COEUR D'ALENE    | ID<br>ID<br>ID<br>ID | USA<br>USA<br>USA<br>USA<br>USA | 83814<br>83814<br>83814<br>83814<br>83814 |
| 5. Organized Under the Laws of:  |  | 6. Annual Report mus   |   |  |                      |                                 |   |
| ID<br>C 151649   |  | Signature: Samantha Ruby   |   | Date: 10/06/2017   |                      |                                 |   |
|  |  | Name (type or prin   | Title: Manager  |  |                      |                                 |   |
| Processed 10/06/2017   | * Electronically provided signatures are accepted as original signatures.        |  |   |  |                      |                                 |   |