No. C 48481	Due no later than Nov 30, 2016	2. Registered Agent and Address (NO PO BOX)
Return to:	Annual Report Form	LISA DONNELLY
SECRETARY OF STATE	1. Mailing Address: Correct in this box if neede	ATARAXIS ACCOUNTING 864 FILER AVE
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MEANDER POINT SUBDIVISION HOMEOWNERS CORPORATION (THE) LISA DONNELLEY	TWIN FALLS ID 83301
NO FILING FEE IF RECEIVED BY DUE DATE	ATARAXIS ACCOUNTING 864 FILER AVE TWIN FALLS ID 83301 USA	3. <u>New</u> Registered Agent Signature:*
4. Corporations: Enter Names and B	usiness Addresses of President, Secretary, and Directors. Tre	easurer (optional).
Office Held Name	Street or PO Address	City State Country Postal Code
SECRETARY MAGAN PRESIDENT MIKE HO		TWIN FALLS ID USA 83301 TWIN FALLS ID USA 83301
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Lisa Donnelley	Date: 09/27/2016
C 48481	Name (type or print): Lisa Donnelley	Title: CPA
Processed 09/27/2016 * Electronically provided signatures are accepted as original signatures.		