

No. <b>C 163424</b>		<b>Due no later than Nov 30, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  TWIN OAKS HOMEOWNERS ASSOCIATION, INC. OLEEN SEAMONS 2371 TWIN OAKS PARK TWIN FALLS ID 83301		OLEEN SEAMONS 2371 TWIN OAKS PARK TWIN FALLS ID 83301				
						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	ROYCE ABERNATHY	2353 TWIN OAKS PARK	TWIN FALLS	ID	USA	83301		
DIRECTOR	SONDRA CLAIBORN	2377 TWIN OAKS PARK	TWIN FALLS	ID	USA	83301		
DIRECTOR	LEO HORTON	2350 TWIN OAKS PARK	TWIN FALLS	ID	USA	83301		
DIRECTOR	OLEEN SEAMONS	2371 TWIN OAKS PARK	TWIN FALLS	ID	USA	83301		
DIRECTOR	WYNNE GENSEY	2364 TWIN OAKS PARK	TWIN FALLS	ID	USA	83301		
DIRECTOR	STEVE SWOPE	638 BUCKINGHAM DR	TWIN FALLS	ID	USA	83301		
5. Organized Under the Laws of:  <b>ID</b> <b>C 163424</b>		6. Annual Report must be signed.*  Signature: OLEEN SEAMONS Name (type or print): OLEEN SEAMONS						Date: 09/18/2015  Title: DIRECTOR
Processed 09/18/2015		* Electronically provided signatures are accepted as original signatures.						