| No. <b>C 180793</b>  |   | Due no later than Nov 30, 2014   |   | 2. Registered A                 | 2. Registered Agent and Address (NO PO BOX)  |         |             |  |
|--|---|--|---|---------------------------------|--|---------|-------------|--|
| Return to:   |   | Annual Report Form   |   |                                 | CHARLES E PARRISH 321 N FIRST AVE SANDPOINT 83864  3. New Registered Agent Signature:* |         |             |  |
| 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.  WOODRUN OWNERS ASSOCIATION INCORPORATED CHARLES E PARRISH 321 N FIRST AVE SANDPOINT ID 83864 USA |   | CO. 2000000 ECONO CONTRACTOR DE |  |         |             |  |
|  |   |  |   |                                 |  |         |             |  |
|  |   |  |   | 3. <u>New</u> Registe           |  |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |   |  |   |                                 |  |         |             |  |
| 4. Corporations: Enter Nar   | mes and Busin   | ess Addresses of   | President, Secretary, and Directors. Treasu | rer (optional).                 |  |         |             |  |
| Office Held  | Name  |  | Street or PO Address                        | City                            | State  | Country | Postal Code |  |
| TREASURER  | DONNA B PARRISH   |  | 1605 WESTWOOD DRI                           | SANDPOINT                       | ID   | USA     | 83864       |  |
| SECRETARY  | DONNA B PARRISH   |  | 1605 WESTWOOD DR                            | SANDPOINT                       | ID   | USA     | 83864       |  |
| DIRECTOR   | DONNA B PA  | ARRISH   | 1605 WESTWOOD DR                            | SANDPOINT                       | ID   | USA     | 83864       |  |
| 5. Organized Under the Laws of:  |   | 6. Annual Report must be signed.*  |   |                                 |  |         |             |  |
| ID<br>C 180793   |   | Signature: C   |   | Date: 10/22/2014                |  |         |             |  |
|  |   | Name (type or print): Cheryl J. Staten   |   |                                 | Title: Bookkeeper  |         |             |  |
| Processed 10/22/2014   | * Electronically provided signatures are accepted as original signatures. |  |   |                                 |  |         |             |  |