| No. C 192625 | | Due no later than Oct 31, 2016 | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) ROBERT A ADAMS | | |
|--|------------|---|---|---|---------|-------------|
| Return to: | | Annual Report Form | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. STONE RIDGE HOMEOWNER'S ASSOCIATION, INC. ROBERT A ADAMS 821 RIMVIEW LN W TWIN FALLS ID 83301 | 821 RIMVIEW LN W TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | |
| RECEIVED B | | ess Addresses of President, Secretary, and Directors. Treasurer | (optional) | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| DIRECTOR | JEFF WARNE | R 2056 STONE RIDGE DRIVE | TWIN FALLS | ID | USA | 83301 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | |
| ID | | Signature: Robert A Adams | Date: 08/29/2016 | | | |
| C 192625 | | Name (type or print): Robert A Adams | Title: President | | | |
| Processed 08/29/20 | 16 | * Electronically provided signatures are accepted as original sig | natures. | | | |