No. C 205689		Due no later than Apr 30, 2018		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DEAN E SEIBEL			
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.			4064 QUAIL RIDGE DR KIMBERLY ID 83341			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		QUAIL RIDGE ESTATES TWIN FALLS HOMEOWNERS ASSOCIATION, INC. QUAIL RIDGE HOA		KIMBERLY ID				
NO FILING FEE IF RECEIVED BY DUE DATE		P.O. BOX 42 KIMBERLY ID 83341		3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter N	ames and Busin	ess Addresses of P	resident, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	BRYAN WRIG	GHT	4086 QUAIL RIDGE DRIVE	KIMBERLY	ID		83341	
VICE PRESIDENT			1411 CLEAR WATER WAY	TWIN FALLS	ID		83301	
SECRETARY SHERRY S J			4066 QUAIL RIDGE DRIVE	KIMBERLY	ID		83341	
TREASURER PAM S SEIB			4064 QUAIL RIDGE DRIVE	KIMBERLY	ID		83341	
DIRECTOR	GARY S PAI	LMER	4046 QUAIL RIDGE DRIVE	KIMBERLY	ID		83341	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Pam Seibel			Date: 03/07/2018			
C 205689		Name (type or print): Pam Seibel		Title: Treasurer				
Processed 03/07/2018		* Electronically pro	ovided signatures are accepted as original	signatures.				