No. <b>C 152511</b>		Due	2. Registered	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		to accommon personal annual	LAVAR KOFOED			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  APPLECREEK OWNERS ASSOCIATION, INC. BRYAN W JOHNSTON 1400 W. APPLECREEK CT. EAGLE ID 83616		1293 W APPLECREEK CT EAGLE ID 83616  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Name	es and Busine	ess Addresses of Pr	esident, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR TUCKER M JOHNSON DIRECTOR EVERETT PAUL DELAY DIRECTOR KYLE BUCK		10464 GARVERDALE CT STE 710 1359 W. APPLECREEK CT 1327 W APPLECREEK CT	BOISE EAGLE EAGLE	ID ID ID	USA USA USA	83704 83616 83616		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Brya		Date: 02/20/2017				
C 152511		Name (type or p		Title: President				
Processed 02/20/2017	* Electronically provided signatures are accepted as original signatures.							