



Idaho Corporation Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 01/31/2019

Reporting Year: 2018

Return completed form within 30 days to

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83702

Phone: (208) 334-2300

	Annual Report: No filing fee if received by due date.
	If reinstatement is required, the reinstatement fee is \$30.00.
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SOS Control Number: 480818 Non-Profit Corporation (D)

Filing Status: Active-Good Standing

Date Formed: 01/11/2005

Formation Locale: ID

Name a	and Mailing	Address:
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ROLLING HILLS GOLF ESTATES HOMEOWNERS' ASSOCIATION.

INC.

520 W INDIANHEAD RD WEISER, ID 83672

(1) Add or Change Mailing Address:

Registered Agent (RA) and Registered Office (RO) Address:

JOHN LUNDBERG 40 LUNDBERG PL **WEISER, ID 83672** (2) Change RA and/or RO Address: ROBERT ANGERSON 380 W. INDIAN Head Weiser, Id 83692

Note: The Registered Office address must be an Idaho address.

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.

Title	Name	(with zip code) of the President, Vice President Business Address	City, State, Zip
PRESIDENT	ROBERT AND ERSON	380 W. Indianhead	WEISER Id 836.72
V. PRESIDEN	· · · · · · · · · · · · · · · · · · ·	105 LUNDBERG Pl	Weiser Id 83612
SeaRetARY	PAM EAMES	40 LUNGBER9 DI	WEISER Id 83172
TREasurer	NANCY MILLER	520 W. Indianhead	WEISER IN 83612

(5) Board of Directors names and business address (with zip code). Attach additional sheet if necessary.

Name	Business Address	City, State, Zip
ROBERT ANDERSON	380 W. Indianhead	WEISER IN 83672 +
NANCY MILLER	520 W. INDIANhead	LUESER IN 83672 D
ANGEL C. CARBAJAI	80 LUNGBERG DI	WEISER IN 83672
	,	

5) Signature:	Th	mc4	<u>,</u>	miller

(6) Date:

(7) Type/Print Name:

(8) Title:

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating.

Sign and date this form and return to the address provided above.

awerence Denney

Received