| No. <b>C 147836</b>  | Due no later than Feb 28, 2015   | Registered Agent and Address (NO PO BOX)  MARY LOU DECKER     2593 N. RIDGEBURY WAY     MERIDIAN 83646  3. New Registered Agent Signature:* |       |         |             |
|--|--|---|-------|---------|-------------|
| Return to:   | Annual Report Form   |   |       |         |             |
| SECRETARY OF STATE   | 1. Mailing Address: Correct in this box if needed.                                 |   |       |         |             |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080         | GEMTONE CENTER NO. 4 USERS ASSOCIATION, INC. MARY LOU DECKER 2593 N. RIDGEBURY WAY |   |       |         |             |
| NO FILING FEE IF   | MERIDIAN ID 83646<br>  USA   |   |       |         |             |
| RECEIVED BY DUE DATE   |  |   |       |         |             |
| 4. Corporations: Enter Names and Busin                             | ess Addresses of President, Secretary, and Directors. Treasurer                    | (optional).   |       |         |             |
| Office Held Name   | Street or PO Address   | City  | State | Country | Postal Code |
| DIRECTOR KIRK MOORE  | 3115 E. FLORENCE   | MERIDIAN  | ID    | USA     | 83642       |
| DIRECTOR LAWNA WEE   | BB 1180 N OLIVE AVENUE   | MERIDIAN  | ID    | USA     | 83642       |
| DIRECTOR JAY SIMMON  | IS 1220 N OLIVE AVENUE   | MERIDIAN  | ID    | USA     | 83642       |
| 5. Organized Under the Laws of:  6. Annual Report must be signed.* |  |   |       |         |             |
| ID Signature: Lou Decker   |  | Date: 02/27/2015  |       |         |             |
| C 147836   | Name (type or print): Lou Decker   | Title: Registered Agent   |       |         |             |
| Processed 02/27/2015   | * Electronically provided signatures are accepted as original signatures.          |   |       |         |             |