No. C 47034		1	Due no later than Mar 31, 2017	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			WILLIAM O HAXTON 514 N JACKSON GENESEE ID 83832			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. SNOWGOOSE ASSOCIATION, INC. GARY F. FRANKS 17005 W. WHITE RD.						
		4. Corporations: Ente	er Names and Busin	ness Addresses o	of President, Secretary, and Directors. T	Γreasurer (optional).	
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
TREASURER	GARY F FR	ANKS	17005 W. WHITE RD.		MEDICAL LAKE	WA	USA	99022-9517
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 47034		Signature: GARY FRANKS			Date: 01/24/2017			
		Name (type or print): GARY FRANKS			Title: Treasurer			
Processed 01/24/201	17	* Electronically provided signatures are accepted as original signatures.						