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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------|---------|------------------------------------------|--|----------------------------------------------------|--|
| No. <b>C 169382</b>                                                                                                                                    |                     | <b>Due no later than Oct 31, 2016</b>                                                                                                                                      |         | <b>Annual Report Form</b>                               |         |                                          |  | 2. Registered Agent and Address <b>(NO PO BOX)</b> |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                     | <b>1. Mailing Address: Correct in this box if needed.</b><br>GOOSEBERRY SUBDIVISION HOMEOWNERS ASSOCIATION<br>INC.<br>JAMES JACKSON, SR.<br>PO BOX 391<br>TETONIA ID 83452 |         | JAMES JACKSON SR<br>2621 QUARTZ DR.<br>TETONIA ID 83452 |         |                                          |  | 3. <u>New</u> Registered Agent Signature: *        |  |
|                                                                                                                                                        |                     |                                                                                                                                                                            |         |                                                         |         |                                          |  |                                                    |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                     |                                                                                                                                                                            |         |                                                         |         |                                          |  |                                                    |  |
| Office Held                                                                                                                                            | Name                | Street or PO Address                                                                                                                                                       | City    | State                                                   | Country | Postal Code                              |  |                                                    |  |
| PRESIDENT                                                                                                                                              | JAMES K JACKSON SR. | 2621 QUARTZ DR.                                                                                                                                                            | TETONIA | ID                                                      | USA     | 83452                                    |  |                                                    |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 169382</b>                                                                                          |                     | 6. Annual Report must be signed.*<br>Signature: Judith Jackson<br>Name (type or print): Judith Jackson                                                                     |         |                                                         |         |                                          |  |                                                    |  |
|                                                                                                                                                        |                     |                                                                                                                                                                            |         |                                                         |         | Date: 10/16/2016<br>Title: HOA Treasurer |  |                                                    |  |
| Processed 10/16/2016                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                                  |         |                                                         |         |                                          |  |                                                    |  |