| No. <b>C 152178</b>  |                  | Due no later than Dec 31, 2015   |  | 2. Registered                   | 2. Registered Agent and Address (NO PO BOX)                           |         |             |  |
|--|------------------|--|--|---------------------------------|---|---------|-------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |                  | Annual Report Form  1. Mailing Address: Correct in this box if needed.  SEQUOIA GROVE HOMEOWNERS' ASSOCIATION, INC.  MARGARET MCCLEIN  PO BOX 191100  BOISE ID 83719 |  | to reproduce process or success | MARGARET MCCLEIN  |         |             |  |
|  |                  |  |  | BOISE ID                        | 11771 W GIANTS DR BOISE ID 83709  3. New Registered Agent Signature:* |         |             |  |
|  |                  |  |  |                                 |   |         |             |  |
| 4. Corporations: Enter Na  | ames and Busin   | ess Addresses o  | of President, Secretary, and Directors. Trea | surer (optional).               |   |         |             |  |
| Office Held  | Name             |  | Street or PO Address                         | City                            | State   | Country | Postal Code |  |
| DIRECTOR   | OR KAREN LIPS    |  | PO BOX 191100                                | BOISE                           | ID  | USA     | 83719       |  |
| PRESIDENT MARGARET   |                  | MCCLEIN  | PO BOX 191100                                | BOISE                           | ID  | USA     | 83719       |  |
| TREASURER MICHELLE SI  |                  | HAW  | PO BOX 191100                                | BOISE                           | ID  | USA     | 83719       |  |
| DIRECTOR JODI OWSLE  |                  | ΞY   | PO BOX 191100                                | BOISE                           | ID  | USA     | 83719       |  |
| DIRECTOR   | CTOR DARLENE ST. |  | PO BOX 191100                                | BOISE                           | ID  | USA     | 83719       |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*  |  |                                 |   |         |             |  |
| ID   |                  | Signature: N   | 1ICHELLE SHAW                                |                                 | Date: 11/23/2015  |         |             |  |
| C 152178   |                  | Name (type   | or print): MICHELLE SHAW                     |                                 | Title: TREASURER  |         |             |  |
| Processed 11/23/2015   |                  | * Electronically   | provided signatures are accepted as origin   | al signatures.                  |   |         |             |  |