

|                                                                                                                                                        |                |                                                                                                                                                                   |            |                                                                        |         |                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------|---------|-------------------------|--|
| No. <b>C 157036</b>                                                                                                                                    |                | <b>Due no later than Oct 31, 2017</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>STRAWBERRY FIELDS OWNERS ASSOCIATION, INC.<br>STEPHANIE GIVENS<br>PO BOX 3450<br>POST FALLS ID 83877 |            | A BETTER CHOICE INC<br>605 E 8TH AVE STE C<br>POST FALLS ID 83854-8387 |         |                         |  |
|                                                                                                                                                        |                |                                                                                                                                                                   |            | 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                                                                                                                                              | ART GRIMSBY    | PO BOX                                                                                                                                                            | POST FALLS | ID                                                                     | USA     | 83877                   |  |
| TREASURER                                                                                                                                              | GARY BOGOLEA   | PO BOX 3450                                                                                                                                                       | POST FALLS | ID                                                                     | USA     | 83877                   |  |
| DIRECTOR                                                                                                                                               | CHRIS MCMULLEN | PO BOX 3450                                                                                                                                                       | POST FALLS | ID                                                                     | USA     | 83877                   |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                                 |            |                                                                        |         |                         |  |
| <b>ID<br/>C 157036</b>                                                                                                                                 |                | Signature: STEPHANIE GIVENS                                                                                                                                       |            |                                                                        |         | Date: 10/25/2017        |  |
|                                                                                                                                                        |                | Name (type or print): STEPHANIE GIVENS                                                                                                                            |            |                                                                        |         | Title: PROPERTY MANAGER |  |
| Processed 10/25/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                         |            |                                                                        |         |                         |  |