

|                                                                                                                                                        |             |                                                                                                                                                     |       |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------|--|
| No. <b>C 178427</b>                                                                                                                                    |             | <b>Due no later than May 31, 2015</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>CCMV HOMEOWNERS ASSOCIATION INC<br>CAROL HASSELSTROM<br>188 N 3950 E<br>RIGBY ID 83442 |       | CAROL HASSELSTROM<br>188 N 3950 E<br>RIGBY 83442   |         |             |  |
|                                                                                                                                                        |             |                                                                                                                                                     |       | 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 |  |
| DIRECTOR                                                                                                                                               | TOM GLON    | 182 N 3990 E                                                                                                                                        | RIGBY | ID                                                 | USA     | 83442       |  |
| DIRECTOR                                                                                                                                               | JAMES KUCK  | 185 N 4000 E                                                                                                                                        | RIGBY | ID                                                 | USA     | 83442       |  |
| DIRECTOR                                                                                                                                               | ZANE WILCOX | 184 N 3990 E                                                                                                                                        | RIGBY | ID                                                 | USA     | 83442       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>C 178427</b>                                                                                              |             | 6. Annual Report must be signed.*<br>Signature: Carol Hasselstrom<br>Name (type or print): Carol Hasselstrom                                        |       |                                                    |         |             |  |
| Date: 03/27/2015<br>Title: President                                                                                                                   |             |                                                                                                                                                     |       |                                                    |         |             |  |
| Processed 03/27/2015                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                           |       |                                                    |         |             |  |