No. <b>C 196426</b>		Due no later than Nov 30, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		PETER CHRISTOFFERSON			
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.		1000 RIVERWALK SUITE 200 IDAHO FALLS ID 83402			
		PARKWOOD TOWNHOMES OWNERS ASSOCIATION, INC C/O PETER CHRISTOFFERSON, HOLDEN KIDWELL PO BOX 50130					
		IDAHO FALLS ID 83405		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter N	Names and Busin	ess Addresses of I	President, Secretary, and Directors. Treasure	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	CTOR LANCE MORTE		168 US HIGHWAY 89 SUITE B1	ALPINE	WY	USA	83128
DIRECTOR DENNIS HOL		JRANY	168 US HIGHWAY 89 SUITE B1	ALPINE	WY	USA	83128
DIRECTOR	TOR DAN PUTNA		168 US HIGHWAY 89 SUITE B1	ALPINE	WY	USA	83128
5. Organized Under the Laws of:		6. Annual Report	must be signed.*				
ID C 196426		Signature: Peter Christofferson Date: 09/25/2013					
		Name (type or print): Peter Christofferson			Title: Attorney		
Processed 09/25/2013		* Electronically pr	ovided signatures are accepted as original sig	natures.			