No. C 157424		Due no later than Nov 30, 2012 Annual Report Form 1. Mailing Address: Correct in this box if needed. SHADOW RIDGE NEIGHBORHOOD ASSOCIATION, INC. DEVELOPMENT SERVICES, INC. 9601 W STATE ST STE 203 BOISE ID 83714		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				9601 W STA BOISE ID	DEVELOPMENT SERVICES INC 9601 W STATE STE 203 BOISE ID 83714 3. New Registered Agent Signature:*			
4. Corporations: Ente	er Names and Busin	ess Addresses o	f President, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	VIC ANTABL	IAN	9601 W STATE ST, STE 203	BOISE	ID	USA	83714	
DIRECTOR	JOE HOWELL		9601 W STATE ST, STE 203	BOISE	ID	USA	83714	
DIRECTOR	DIRECTOR TIM SCOTT		9601 W STATE ST, STE 203	BOISE	ID	USA	83714	
SECRETARY LINZIE LONG		i .	9601 W STATE ST, STE 203	BOISE	ID	USA	83714	
TREASURER ANITA OWINGS		NGS	9601 W STATE ST, STE 203	BOISE	ID	USA	83714	
DIRECTOR	DIRECTOR DOUG SMITH		9601 W STATE ST STE 203	BOISE	ID	USA	83714	
PRESIDENT	CHRISTINE	SUNDAY	9601 W STATE ST STE 203	BOISE	ID	USA	83714	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Shurie Urquidi		Date: 09	Date: 09/18/2012			
C 157424		Name (type	or print): Shurie Urquidi	Title: A	Title: Association Manager			
Processed 09/18/201	.2	* Electronically	provided signatures are accepted as original	signatures.				