

|  |                  |  |            |  |         |                                      |  |
|--|------------------|--|------------|--|---------|--------------------------------------|--|
| No. <b>C 165537</b>  |                  | <b>Due no later than Mar 31, 2012</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>Annual Report Form</b>  |            | STEPHANIE GIVENS<br>605 E 8TH AVE STE C<br>POST FALLS ID 83854 |         |                                      |  |
|  |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br>GREENSIDE VISTAS HOMEOWNERS' ASSOCIATION, INC.<br>STEPHANIE GIVENS<br>PO BOX 3450<br>POST FALLS ID 83877<br>USA |            | 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   | MIKE PETNONY     | 3687 NIKE COURT  | POST FALLS | ID   | USA     | 83854                                |  |
| SECRETARY  | STEPHANIE GIVENS | P.O. BOX 3450  | POST FALLS | ID   | USA     | 83877                                |  |
| PRESIDENT  | GARY JAMES       | 3659 NIKE  | POST FALLS | ID   | USA     | 83854                                |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>C 165537</b>  |                  | 6. Annual Report must be signed.*<br>Signature: Stephanie Givens<br>Name (type or print): Stephanie Givens   |            |  |         |                                      |  |
|  |                  |  |            |  |         | Date: 01/20/2012<br>Title: Secretary |  |
| Processed 01/20/2012   |                  | * Electronically provided signatures are accepted as original signatures.  |            |  |         |                                      |  |