No. C 47034		Due no later than Mar 31, 2011	2. Registered Age	Registered Agent and Address (NO PO BOX) WILLIAM O HAXTON 514 N JACKSON CENECSEE ID 93933			
Return to:		Annual Report Form	WILLIAM O H				
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 neede	C.				
		SNOWGOOSE ASSOCIATION, INC. GARY F. FRANKS 17005 W. WHITE RD.	GENESEE ID	GENESEE ID 83832 3. New Registered Agent Signature:*			
		MEDICAL LAKE WA 99022	3. <u>New</u> Registere				
		USA					
4. Corporations: Ente	er Names and Busine	ess Addresses of President, Secretary, and Directors. Tre	asurer (optional).				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
TREASURER	GARY F FRA	NKS 17005 W. WHITE RD.	MEDICAL LAKE	WA	USA	99022	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 47034		Signature: Gary Franks]	Date: 01/15/2011			
		Name (type or print): Gary Franks Title: Treasurer					
Processed 01/15/201	11	* Electronically provided signatures are accepted as original	nal signatures.				