No. C 170618		Due	2. Registered	2. Registered Agent and Address (NO PO BOX)					
Return to:		Annual Report Form		CHRISTOPH	CHRISTOPHER L ANDERSON				
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.		N 17 CONTROL OF	9100 W BLACKEAGLE DR				
		SILVERSTONE SQUARE CONDOMINIUM ASSOCIATION, INC. CHRISTOPHER L ANDERSON 9100 W BLACKEAGLE DR BOISE ID 83709-1572		NC.	BOISE ID 83709 3. New Registered Agent Signature:*				
				3. <u>New</u> Registe					
1. Corporations: Enter	Names and Busin	ness Addresses of P	resident, Secretary, and Directors. Treas	urer (optional).					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code		
DIRECTOR	TRAVIS L ANDERSON		9100 W BLACKEAGLE DR	BOISE	ID	USA	83709		
DIRECTOR MICHAEL A		REICH	9100 W BLACKEAGLE DR	BOISE	ID	USA	83709		
5. Organized Under the Laws of:		6. Annual Report	must be signed.*						
ID		Signature: Tra		Date: 10/10/2008					
ענ	C 170618		Name (type or print): Travis L Anderson			Title: Director			
	18	I Marrie (type or	princy. Travis L'Anderson		i idei	2 0 000.			