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|--|-----------------|---|-------|---|---------|--------------------------|--|
| No. C 166240 | | Due no later than Apr 30, 2015 | | 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 | | Annual Report Form | | AMANDA K SCHAUS 12601 W EXPLORER DR STE 200 BOISE 83713 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | PARAMOUNT PROFESSIONAL CENTER OWNERS ASSOCIATION, INC. AMANDA MCCURRY 12601 W EXPLORER DR #200 BOISE ID 83713 | | | | | |
| 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 | |
| SECRETARY | REBECCA A HANKS | 12601 W. EXPLORER DRIVE SUITE 200 | BOISE | ID | USA | 83713 | |
| DIRECTOR | REBECCA A HANKS | 12601 W. EXPLORER DRIVE SUITE 200 | BOISE | ID | USA | 83713 | |
| 5. Organized Under the Laws of: ID C 166240 | | 6. Annual Report must be signed.* Signature: Amanda McCurry Name (type or print): Amanda McCurry | | | | | |
| | | | | Date: 03/18/2015 | | Title: Authorized Signer | |
| Processed 03/18/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |