



Idaho Corporation Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 12/31/2018

Reporting Year: 2018

Annua	ıl Report:	No filing	fee if	received	by due	date.
If reins	tatement	is required	d the	reinstatem	ant fee	ic \$30 i

Filing Status: Active-Good Standing

Date Formed: 12/09/2002

Formation Locale: ID

(1) Add or Change Mailing Address:

Idaho Secretary of State

Attn: Annual Reports 450 North 4th Street Boise. ID 83702 Phone: (208) 334-2300

Return completed form within 30 days to:

Namo	and	Mailing	Address:
Hailin	anu	walling	Audiess.

Non-Profit Corporation (D)

SOS Control Number: 446287

LANSING MEADOWS HOMEOWNERS' ASSOCIATION, INC.

PO BOX 78

MIDDLETON, ID 83644

Registered Agent (RA) and Registered Office (RO) Address:

JIM MARTIN 8976 NEW CASTLE DR MIDDLETON, ID 83644 (2) Change RA and/or RO Address: KEUIN BISHOP 8978 NEW CASTLE DR MIDDLETON, ID 83644

Note: The Registered Office address must be an Idaho address.

(3) New Registered Agent (RA) Signature:

If a new agent is eppointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.

Title	Name	Business Address	City, State, Zip
President	KEUN BIShop	8978 New Castle Dr	middleton, Id. 83644
U-Preside.	}		
Socreyar	y Tammy Ryan	8968 New Castle Dr	middleton, Id. 83644
	Shern Crouch	8955 New Castle Dr	11 /1

Title	Name	Business Address	City, State, Zip
President	KEUN BIShop	8978 New Castle Dr	middleton, Id. 83644
11-President			
Socretary	Tammy Ryan	8968 New Castle Dr	middleton, Id. 83644
Treasurer	Sherry Crowc	h 8955 New Castle Dr	11 11
(5) Board of Direct	ctors names and business ad	dress (with zip code). Attach additional sheet if necess	sary.
Name		Business Address	City, State, Zip
EARLENE	WINKELMAN	8980 New Castle Dr	Middleton, Id 83644
L			

(5) Signature:

(7) Type/Print Name: 5herry

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating. Sign and date this form and return to the address provided above.

Lawerence Denney

Received