No. **C 175689**	**Due no later than Oct 31, 2017** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** ALPHA OWNERS ASSOCIATION, INC. T. WOLFE PO BOX 140197 BOISE ID 83714-0197	TIMBRE WOLFE 7971 W MARIGOLD ST BOISE ID 83714 3. New 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
PRESIDENT	T. WOLFE	PO BOX 140197	BOISE	ID	USA	83714-0197

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 175689**	Signature: T Wolfe	Date: 10/10/2017
	Name (type or print): T Wolfe	Title: Member

Processed 10/10/2017

* Electronically provided signatures are accepted as original signatures.