

|                                                                                                                                                        |            |                                                                                                                                                                              |       |                                                               |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------|---------|------------------|--|
| No. <b>C 49849</b>                                                                                                                                     |            | <b>Due no later than Jul 31, 2014</b>                                                                                                                                        |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>            |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |            | <b>1. Mailing Address: Correct in this box if needed.</b><br>EAGLE GLEN HOMEOWNERS ASSOCIATION, INC.<br>RIVERSIDE MANAGEMENT CO<br>8919 W ARDENE ST<br>BOISE ID 83709<br>USA |       | RIVERSIDE MANAGEMENT CO<br>8919 W ARDENE ST<br>BOISE ID 83709 |         |                  |  |
|                                                                                                                                                        |            |                                                                                                                                                                              |       | 3. <u>New</u> 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                                                                                                                                              | ANNIE LUNG | 8919 W. ARDENE STREET                                                                                                                                                        | BOISE | ID                                                            | USA     | 83709            |  |
| 5. Organized Under the Laws of:                                                                                                                        |            | 6. Annual Report must be signed.*                                                                                                                                            |       |                                                               |         |                  |  |
| <b>ID<br/>C 49849</b>                                                                                                                                  |            | Signature: M. Smith                                                                                                                                                          |       |                                                               |         | Date: 07/28/2014 |  |
|                                                                                                                                                        |            | Name (type or print): M. Smith                                                                                                                                               |       |                                                               |         | Title: Manager   |  |
| Processed 07/28/2014                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                                                    |       |                                                               |         |                  |  |