

No. <b>C 56324</b>		<b>Due no later than Aug 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> MOUNTAIN SHADOWS IMPROVEMENT ASSOCIATION, INC. HOWARD M NEILL 1900 SW BARCLAY RIDGE DRIVE PULLMAN WA 99163		SARAH THOMPSON 20740 WATSON RD COEUR D'ALENE ID 83814		
				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
DIRECTOR	LISA SHOOP	8715 W. 1ST PLACE	KENNEWICK	WA	USA	99336
DIRECTOR	HOWARD M. NEILL	1900 SW BARCLAY RIDGE DRIVE	PULLMAN	WA	USA	99163
SECRETARY	SARAH THOMPSON	20740 WATSON RD	COEUR D'ALENE	ID	USA	83814
PRESIDENT	HOWARD M NEILL	1900 SW BARCLAY RIDGE DRIVE	PULLMAN	WA	USA	99163
TREASURER	LISA SHOOP	8715 W. 1ST PLACE	KENNEWICK	WA	USA	99336
DIRECTOR	SARAH THOMPSON	20740 S. WATSON ROAD	COEUR D ALENE	ID	USA	83814
5. Organized Under the Laws of:  <b>ID C 56324</b>		6. Annual Report must be signed.* Signature: HOWARD M NEILL Name (type or print): HOWARD M NEILL		Date: 08/15/2016 Title: PRESIDENT		
Processed 08/15/2016		* Electronically provided signatures are accepted as original signatures.				