

|  |                |   |             |   |                                     |             |
|--|----------------|---|-------------|---|-------------------------------------|-------------|
| No. <b>C 211690</b>  |                | <b>Due no later than Nov 30, 2017</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>BONNEVILLE POINTE HOMEOWNERS' ASSOCIATION, INC.<br>22061 S UPPER HIGHLAND RD<br>BEAVERCREEK OR 97004 |             | BRIAN F MCCOLL<br>3858 N GARDEN CENTER WAY<br>STE 200<br>BOISE ID 83703 |                                     |             |
|  |                |   |             | 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   | CRAIG ANDERSEN | 19887 S. RAMSBY ROAD  | MOLALLA     | OR  | USA                                 | 97038       |
| DIRECTOR   | TERRY GRISHAM  | 22061 S UPPER HIGHLAND RD   | BEAVERCREEK | OR  |                                     | 97004       |
| DIRECTOR   | JAMES OSTERMAN | 22329 S CLEAR CREEK RD  | ESTACADA    | OR  |                                     | 97023       |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*   |             |   |                                     |             |
| <b>ID<br/>C 211690</b>   |                | Signature: Terry Grisham<br>Name (type or print): Terry Grisham   |             |   | Date: 09/19/2017<br>Title: Director |             |
| Processed 09/19/2017   |                | * Electronically provided signatures are accepted as original signatures.   |             |   |                                     |             |