

No. <b>C 86965</b>		<b>Due no later than Jun 30, 2016</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  ELKHORN PLACER OWNERS ASSOCIATION, INC. TODD L JOHNSON 1196 OCTOBER COVE SHELLEY ID 83274		TODD L JOHNSON 1196 OCTOBER CV SHELLEY ID 83274			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	CLEO ROBERTS	BOX 151	SUNDANCE	WY	USA	82729	
DIRECTOR	ALAN ROBERTS	BOX 151	SUNDANCE	WY	USA	82729	
DIRECTOR	JILL BERRY	P.O. BOX 302	KIMBERLY	ID	USA	83303	
DIRECTOR	L. CLYEL BERRY	P.O. BOX 302	KIMBERLY	ID	USA	83303	
DIRECTOR	HELEN B SCHOONEN	1364 12TH STREET	IDAHO FALLS	ID	USA	83404	
DIRECTOR	LYLE MUNK	P.O. BOX 244	MOORELAND	ID	USA	83256	
DIRECTOR	LARON J JOHNSON	585 FLAMINGO AVE	SHELLEY	ID	USA	83274	
SECRETARY	DONNA MUNK	P.O. BOX 244	MOORELAND	ID	USA	83256	
DIRECTOR	DAVID H SCHOONEN	1364 12TH STREET	IDAHO FALLS	ID	USA	83404	
PRESIDENT	TODD L JOHNSON	1196 OCTOBER COVE	SHELLEY	ID	USA	83274	
VICE PRESIDENT	DAVID J SCHOONEN	2839 W HONEY SUCKLE LN	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of:  <b>ID</b> <b>C 86965</b>		6. Annual Report must be signed.*  Signature: Todd L Johnson Name (type or print): Todd L Johnson					
		Date: 05/15/2016 Title: President					
Processed 05/15/2016      * Electronically provided signatures are accepted as original signatures.							