

|  |              |   |          |  |         |  |  |
|--|--------------|---|----------|--|---------|--|--|
| No. <b>C 205651</b>  |              | <b>Due no later than Apr 30, 2018</b><br><b>Annual Report Form</b>  |          | 2. Registered Agent and Address ( <b>NO PO BOX</b> ) |         |  |  |
| Return to:<br><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><br>AMBERWAVE HOMEOWNERS ASSOCIATION INC<br>BWM LLC<br>PO BOX<br>MERIDIAN ID 83680                     |          | RYAN MARTIN<br>980 E CAROL ST<br>MERIDIAN ID 83646   |         |  |  |
|  |              |   |          |  |         | 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   | PENNY SMITH  | PO BOX 968  | MERIDIAN | ID   | 83680   |  |  |
| DIRECTOR   | MITCH ARMUTH | PO BOX 968  | MERIDIAN | ID   | 83680   |  |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>C 205651</b>  |              | 6. Annual Report must be signed.*<br><br>Signature: Whitney Harrison<br>Name (type or print): Whitney Harrison<br>Date: 05/24/2018<br>Title: Director of Operations |          |  |         |  |  |
| Processed 05/24/2018   |              | * Electronically provided signatures are accepted as original signatures.   |          |  |         |  |  |