No. C 57766		Due no later than Feb 28, 2015	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 POISE ID 83720-0080 RIVERS		Annual Report Form Address: Correct in this box if needed. MASTER ASSOCIATION, INC. (THE) MANAGEMENT COMPANY DENE ST 33709	8919 W. AI BOISE 8	RIVERSIDE MANAGEMENT 8919 W. ARDENE STREET			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and B	usiness Addresses o	of President, Secretary, and Directors. Treasur	er (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT PIERCE		8919 W. ARDENE STREET	BOISE	ID	USA	83709	
SECRETARY MARILYN SAGEHORN 8919 W. ARDENE STREET BOISE ID USA 83709						83709	
5. Organized Under the Laws of: 6. Annual		ort must be signed.*					
ID Signature		M. SMITH	Date: 02/20/2015				
C 57766	Name (type	Name (type or print): M. SMITH		Title: AGENT			
Processed 02/20/2015	* Electronically	* Electronically provided signatures are accepted as original signatures.					