

No. C 47034	Due no later than Mar 31, 2013 Annual Report Form	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SNOWGOOSE ASSOCIATION, INC. GARY F. FRANKS 17005 W. WHITE RD. MEDICAL LAKE WA 99022 USA	WILLIAM O HAXTON 514 N JACKSON GENESEE ID 83832 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
TREASURER	GARY F FRANKS	17005 W. WHITE RD.	MEDICAL LAKE	WA	USA	99022-9517
5. Organized Under the Laws of: ID C 47034	6. Annual Report must be signed.* Signature: Gary Franks Name (type or print): Gary Franks		Date: 01/21/2013 Title: Treasurer			
Processed 01/21/2013		* Electronically provided signatures are accepted as original signatures.				