| No. C 181164 | | Due n | 2. Registered | 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 | | Annual Report Form | | THOMAS M | THOMAS M COLEMAN JR | | | |
| | | 1. Mailing Address: Correct in this box if needed. SILVER SPRINGS NEIGHBORHOOD ASSOCIATION, INC. THOMAS M COLEMAN JR 3103 W SHERYL DR SUITE 100 MERIDIAN ID 83642 | | 3103 W SHERYL DR SUITE 100 MERIDIAN ID 83642 | | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | | |
| 4. Corporations: Enter Nam | es and Busin | ess Addresses of Pres | sident, Secretary, and Directors. Treasur | er (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| | THOMAS M COLEMAN, JR JESSIE J BLACK | | 3103 W SHERYL DR SUITE 100 3103 W SHERYL DR SUITE 100 | MERIDIAN MERIDIAN | ID ID | USA USA | 83642 83642 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Giovanna Lewis | | Date: 01/04/2016 | | | | |
| C 181164 | | Name (type or print): Giovanna Lewis | | Title: A | Title: Accounting Specialist | | | |
| Processed 01/04/2016 | | * Flectronically provide | ded signatures are accepted as original s | ianatures | | | | |