No. C 176294		Due no later than Dec 31, 2017 Annual Report Form		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) MICHAEL R DIBENEDETTO 1417 GERI COURT SANDPOINT ID 83864 3. New Registered Agent Signature:*			
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MEDICAL VILLAGE CONDOMINIUM OWNERS' ASSOCIATION, INC. 30544 HIGHWAY 200 PONDERAY ID 83852		SANDPOINT				
NO FILING FEE IF RECEIVED BY DUE DATE					•			
4. Corporations: Enter Nam	nes and Busin	ess Addresses of I	President, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR DIRECTOR DIRECTOR	MICHAEL DIBENEDETTO JOAN BLOOM LYNN DIBENEDETTO		1417 GERI COURT 1417 GERI COURT 1417 GERI COURT	SANDPOINT SANDPOINT SANDPOINT	ID ID ID	USA USA USA	83864 83864 83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 176294		Signature: Mic		Date: 11/12/2017				
		Name (type or		Title: Director				
Processed 11/12/2017 * Electronically provided signatures are accepted as original signatures.								