

No. C 47034		Due no later than Mar 31, 2016 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		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: 01/25/2016 Title: treasurer					
Processed 01/25/2016 * Electronically provided signatures are accepted as original signatures.							