| No. C 45377 | | | | 2. R | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------|--|---|--------------|--|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. | | | ELLA WENRICH 9693 PACKER JOHN RD | | | |
| | | SMITH'S FERRY PROPERTY OWNERS ASSOCIATION, INC. ELLA WENRICH 9693 PACKER JOHN RD SMITHS FERRY ID 83611 | | | SMITHS FERRY ID 83611 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter | Names and Busin | ess Addresses of P | resident, Secretary, and Directors. Treas | surer (optio | onal). | | | |
| Office Held | Name | | Street or PO Address | Cit | У | State | Country | Postal Code |
| SECRETARY | SUSAN W E | BAKER | 9608 PACKER JOHN RD | CA | SCADE | ID | USA | 83611 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Ella Wennrich | | | Date: 03/03/2014 | | | |
| C 45377 | | Name (type or print): Ella Wennrich | | | Title: Registered Agent | | | |
| Processed 03/03/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | _ | |