No. C 107403		Due no later than Aug 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. CEDAR GROVE PROPERTY OWNERS ASSOCIATION, INC. NORMAN LINTON 720 GOLF COURSE RD		2. Registered Agent and Address (NO PO BOX) NORMAN LINTON 720 GOLF COURSE RD ST MARIES ID 83861			
Return to:							
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
		ST MARIES ID 83861		3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Treasure	r (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	JOHN GARMAN		E 8620 YORK AVE	SPOKANE	WA	USA	99212-2355
DIRECTOR	MAE COULTER		606 EVERGREEN TERRACE ROAD	ST MARIES	ID	USA	83861-2355
DIRECTOR	NANCY A WOLFF		5680 ST JOE RIVER RD	ST MARIES	ID	USA	83861-2355
DIRECTOR	RICHARD B COULTER JR		606 EVERGREEN TERRACE RD	ST MARIES	ID	USA	83861-2355
DIRECTOR	NORMAN LINTON		720 GOLF COURSE RD	ST MARIES	ID	USA	83861-2355
TREASURER	MAE COULTER		606 EVERGREEN TERRACE ROAD	ST MARIES ID	ID	USA	83861-2355
SECRETARY	ECRETARY NANCY A WOLFF		5680 ST JOE RIVER RD	ST MARIES	ID	USA	83861-2355
PRESIDENT	NORMAN LINTON		720 GOLF COURSE RD	ST MARIES	ID	USA	83861-2355
5. Organized Under the Laws of: 6.		6. Annual Report must be signed.*					
ID C 107403		Signature: Nancy A Wolff		Date: 08/19/2014			
		Name (type or print): Nancy A Wolff		Title: Secretary			
Processed 08/19/2014		* Electronically provided signatures are accepted as original signatures.					