| No. C 166822 | Due no later than May 31, 2018 | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|--|--|------------------|---------|-------------|--|
| Return to: | Annual Report Form | KARL NICHOLS | | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. | 220 SECOND AVE S STE 203 KETCHUM ID 83340 3. New Registered Agent Signature:* | | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | ELKHORN SPRINGS MASTER ASSOCIATION, INC. NICHOLS PROPERTY MANAGEMENT P.O. BOX 1056 | | | | | |
| | SUN VALLEY ID 83353-1056 | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | |
| 4. Corporations: Enter Names and Busin | ess Addresses of President, Secretary, and Directors. Treasurer | (optional). | | | | |
| Office Held Name | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR DEBRA GINT | ER PO BOX 6321 | SUN VALLEY | ID | USA | 83353 | |
| DIRECTOR BERNARD BA | ABCOCK 1446 HILLCREAST AVE | PASADENA | CA | USA | 91106 | |
| | | | | | | |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | | |
| ID | ID Signature: | | Date: 03/27/2018 | | | |
| C 166822 Name (type or print): | | Title: | | | | |
| Processed 03/27/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | |