No. <b>C 157017</b>		Due no later than Oct 31, 2017		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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  WELLPOINT PROFESSIONAL PLAZA OWNERS ASSOCIATION INC.  DON LAWRENZ PO BOX 4289  HAILEY ID 83333		DONALD R LAWRENZ 101 GRACE DR HAILEY ID 83333  3. New 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
DIRECTOR	RANCH	TIERNEY/BUSTERBACK	BOX 9385-STAR RT HC64	KETCHUM	ID	USA	83340
DIRECTOR	ELIZABETH ( RANCH	C TIERNEY/BUSTERBACK	BOX 9385-STAR RT HC64	KETCHUM	ID	USA	83340
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 157017		Signature: Don Lawrenz		Date: 08/19/2017			
		Name (type or print): Don Lawrenz		Title: Manager			
Processed 08/19/2017 * Electronically provided signatures are accepted as original signatures.							