No. C 151605	Due i	Due no later than Nov 30, 2012 Annual Report Form 1. Mailing Address: Correct in this box if needed. SUNSHINE MEADOW OWNERS ASSOCIATION, INC. ABC MANAGEMENT PO BOX 3450 POST FALLS ID 83877		2. Registered Agent and Address (NO PO BOX) STEPHANE GIVENS 605 E 8TH AVE STE C POST FALLS ID 83854 3. New Registered Agent Signature:*			
Return to:	Aı						
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SUNSHINE MEAD ABC MANAGEMEN PO BOX 3450						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and	Business Addresses of Pre	sident, Secretary, and Directors. Treasurer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY TARA	WILSON SMITH WORTH	C/O ABC MANAGEMENT PO BOX 3450 C/O ABC MANAGEMENT PO BOX 3450 C/O ABC MANAGEMENT PO BOX 3450	POST FALLS	ID ID ID	USA USA USA	83877 83877 83877	
5. Organized Under the Laws of:	6. Annual Report m	ust be signed.*					
ID	Signature: Steph	Signature: Stephanie Givens		Date: 01/28/2013			
C 151605	Name (type or p	Name (type or print): Stephanie Givens		Title: Property Manager			
Processed 01/28/2013	* Flectronically prov	ided signatures are accepted as original signa	atures.				