

|                                                                                                                                                        |                 |                                                                                                                                                                                                    |          |                                                       |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------|---------|-------------|--|
| No. <b>C 176622</b>                                                                                                                                    |                 | <b>Due no later than Jan 31, 2016</b>                                                                                                                                                              |          | <b>2. Registered Agent and Address (NO PO BOX)</b>    |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>FOXBORO PLAZA HOMEOWNER'S ASSOCIATION, INC.<br>CHANDLER DAW<br>3456 E 17TH STE 210<br>AMMON ID 83406 |          | CHANDLER DAW<br>3456 E 17TH STE 210<br>AMMON ID 83406 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                                    |          | 3. <u>New</u> 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                                                                                                                                               | MICHAEL DILDINE | 664 N GREY PEBBLE WAY                                                                                                                                                                              | EAGLE    | ID                                                    | USA     | 83616       |  |
| DIRECTOR                                                                                                                                               | KEN MARKISON    | 24012 CARMELITA DR                                                                                                                                                                                 | HAYWARD  | CA                                                    | USA     | 94541       |  |
| DIRECTOR                                                                                                                                               | DAVE DILDINE    | 5464 N CHOPIN AVE.                                                                                                                                                                                 | MERIDIAN | ID                                                    | USA     | 83646       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 176622</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Chandler Daw<br>Name (type or print): Chandler Daw<br>Date: 11/16/2015<br>Title: Owner                                                             |          |                                                       |         |             |  |
| Processed 11/16/2015                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                          |          |                                                       |         |             |  |