No. <b>C 210378</b>	Due	2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		nnual Report Form	JOHN F MAGNUSON			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  LILAC GLEN OWNER'S ASSOCIATION, INC.  JOHN F MAGNUSON  1250 NORTHWOOD CENTER CT STE A  COEUR D'ALENE ID 83814		1250 NORTHWOOD CENTER CT STE A COEUR D'ALENE ID 83814  3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Names and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasure	er (optional).			
Office Held Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR LARRY N F			COEUR D'ALENE	ID		83814
DIRECTOR SCOTT L MCARTHUR		PO BOX 2916	HAYDEN	ID		83835
DIRECTOR RICHARD M	STAUFFER	6901 FRONT AVENUE STE 201	COEUR D'ALENE	ID		83814
5. Organized Under the Laws of: 6. Annual Report		nust be signed.*				
ID Signature: SLM		Date: 08/16/2018				
C 210378 Name (type or print): SLM		orint): SLM	Title: MEMBER			
Processed 08/16/2018	* Electronically provided signatures are accepted as original signatures.					