No. <b>C 179808</b>	Due no later than Aug 31, 2014	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		ROB S BEHRENS			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	84 STEWARTS DR SAGLE 83860				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ANTLER POINT PROPERTY OWNERS ASSOCIATION, INC. ROB S BEHRENS 84 STEWARTS DR					
	SAGLE ID 83860	3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Names and Busin	ness Addresses of President, Secretary, and Directors. Treasure	(optional).				
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR TONYA BEH		SAGLE	ID	USA	83860	
DIRECTOR SASHA BEH	IRENS 84 STEWARTS DR	SAGLE	ID	USA	83860	
	Tarana and a same					
5. Organized Under the Laws of:	f: 6. Annual Report must be signed.*					
ID	Signature: Tonya Behrens	Date: 10/18/2014				
C 179808	Name (type or print): Tonya Behrens	Title: Director				
Processed 10/18/2014	* Electronically provided signatures are accepted as original signatures.					