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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------|---------|-------------|--|
| No. <b>C 167048</b>                                                                                                                                    |                 | <b>Due no later than May 31, 2015</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><br>ELKHORN SPRINGS RESIDENTIAL CONDOMINIUM<br>ASSOCIATION, INC. (THE)<br>DAVE HENNESSY<br>PO BOX 1056<br>SUN VALLEY ID 83353 |         | BRYCE TURZIAN<br>111 N 1ST AVE STE 21<br>HAILEY 83333 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                                                             |         | 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 |  |
| PRESIDENT                                                                                                                                              | BARBARA BOSWELL | PO BOX 4559                                                                                                                                                                                                                 | KETCHUM | ID                                                    | USA     | 83340       |  |
| SECRETARY                                                                                                                                              | MARLINE RENNELS | PO BOX 677                                                                                                                                                                                                                  | KETCHUM | ID                                                    | USA     | 83340       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 167048</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: David Hennessy<br>Name (type or print): David Hennessy<br>Date: 03/24/2015<br>Title: Authorized Party                                                                       |         |                                                       |         |             |  |
| Processed 03/24/2015                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                                                   |         |                                                       |         |             |  |