No. C 162025		Due no later than Aug 31, 2018		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. SOMBRA CANYON SUBDIVISION HOMEOWNERS' ASSOCIATION, INC. BETH ELLEN PUNCHES PO BOX 1255 EAGLE ID 83616		NAME OF THE PARTY	HOMEOWNERS ASSOCIATIONS PROPERTY MANAGEMENT CO 1465 N ELLINGTON PL EAGLE ID 83616 3. New Registered Agent Signature:*			
				1465 N EL				
				3. <u>New</u> Regis				
4. Corporations: Enter Nam	es and Busin	ess Addresses o	f President, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
			PO BOX 1255 PO BOX 1255	EAGLE EAGLE	ID ID	USA USA	83616 83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Beth Ellen Punches Da			ate: 07/30/2018			
C 162025		Name (type	or print): Beth Ellen Punches	Titl	Title: Association Manager			
Processed 07/30/2018		* Electronically	provided signatures are accepted as origin	nal signatures.				