

|                                                                                                                                                        |               |                                                                                                                                                                                                            |       |                                                           |                            |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------|----------------------------|-------------|
| No. <b>C 191624</b>                                                                                                                                    |               | <b>Due no later than Jul 31, 2016</b>                                                                                                                                                                      |       | 2. Registered Agent and Address <b>(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>C COVE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.<br>JEAN CARIAGA<br>9601 W STATE ST STE 203<br>BOISE ID 83714 |       | JEAN CARIAGA<br>9601 W STATE ST STE 203<br>BOISE ID 83714 |                            |             |
|                                                                                                                                                        |               |                                                                                                                                                                                                            |       | 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                                                                                                                                              | CHRIS TROXELL | 9601 W. STATE ST., STE. 203                                                                                                                                                                                | BOISE | ID                                                        | USA                        | 83714       |
| VICE PRESIDENT                                                                                                                                         | ROGER MALM    | 9601 W. STATE ST., STE. 203                                                                                                                                                                                | BOISE | ID                                                        | USA                        | 83714       |
| SECRETARY                                                                                                                                              | RICK MARKLE   | 9601 W. STATE ST., STE. 203                                                                                                                                                                                | BOISE | ID                                                        | USA                        | 83714       |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                                                                                          |       |                                                           |                            |             |
| <b>ID<br/>C 191624</b>                                                                                                                                 |               | Signature: Shurie Urquidi                                                                                                                                                                                  |       |                                                           | Date: 06/15/2016           |             |
|                                                                                                                                                        |               | Name (type or print): Shurie Urquidi                                                                                                                                                                       |       |                                                           | Title: Association Manager |             |
| Processed 06/15/2016                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                                                  |       |                                                           |                            |             |