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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------|---------|-------------|
| No. <b>C 145734</b>                                                                                                                                    |                 | <b>Due no later than Oct 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>1. Mailing Address: Correct in this box if needed.</b><br><br>WILD MEADOWS HOMEOWNERS ASSOCIATION, INC.<br>MGM ASSOCIATION MANAGEMENT<br>PO BOX 1246<br>MERIDIAN ID 83680-1246 |      | ML MADSON<br>289 SW 5TH AVE<br>MERIDIAN ID 83642   |         |             |
|                                                                                                                                                        |                 |                                                                                                                                                                                   |      | 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 |
| TREASURER                                                                                                                                              | LISA MOSLEY     | 761 E WILD LILAC CT                                                                                                                                                               | KUNA | ID                                                 | USA     | 83634       |
| PRESIDENT                                                                                                                                              | JODI CALLISTER  | 49412 E RED BUD CT                                                                                                                                                                | KUNA | ID                                                 | USA     | 83634       |
| DIRECTOR                                                                                                                                               | KRSTINE NATWICK | 779 E OLD MESQUITE STREET                                                                                                                                                         | KUNA | ID                                                 | USA     | 83634       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 145734</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Mike Madson<br>Name (type or print): Mike Madson<br>Date: 08/29/2016<br>Title: MGM Management                                     |      |                                                    |         |             |
| Processed 08/29/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                         |      |                                                    |         |             |