

No. <b>W 67165</b>		<b>Due no later than Oct 31, 2016</b>		<b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> HOMEOWNERS' ASSOCIATIONS PROPERTY MANAGEMENT COMPANY, LLC BETH ELLEN PUNCHES PO BOX 1255 EAGLE ID 83616		BETH ELLEN PUNCHES 1465 NORTH ELLINGTON PLACE EAGLE ID 83616-8361			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	BETH ELLEN PUNCHES	PO BOX 1255	EAGLE	ID		83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 67165</b>		Signature: Beth Ellen Punches				Date: 10/07/2016	
		Name (type or print): Beth Ellen Punches				Title: Association Manager	
Processed 10/07/2016		* Electronically provided signatures are accepted as original signatures.					