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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------|------------------|-------------|--|
| No. <b>C 159372</b>                                                                                                                                    |              | <b>Due no later than Mar 31, 2014</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>SHERIDAN PLACE HOMEOWNERS' ASSOCIATION, INC.<br>SKIP ANDERSON<br>8919 W. ARDENE STREET<br>BOISE ID 83709<br>USA |       | RIVERSIDE MANAGEMENT COMPANY INC<br>8919 W ARDENE ST<br>BOISE ID 83709 |                  |             |  |
|                                                                                                                                                        |              |                                                                                                                                                                              |       | 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 |  |
| SECRETARY                                                                                                                                              | LIZ ANTHONY  | 8919 W. ARDENE STREET                                                                                                                                                        | BOISE | ID                                                                     | USA              | 83709       |  |
| PRESIDENT                                                                                                                                              | RICK LINNARZ | 8919 W. ARDENE STREET                                                                                                                                                        | BOISE | ID                                                                     | USA              | 83709       |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                                                            |       |                                                                        |                  |             |  |
| <b>ID<br/>C 159372</b>                                                                                                                                 |              | Signature: M. Smith                                                                                                                                                          |       |                                                                        | Date: 03/20/2014 |             |  |
|                                                                                                                                                        |              | Name (type or print): M. Smith                                                                                                                                               |       |                                                                        | Title: Manager   |             |  |
| Processed 03/20/2014                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                    |       |                                                                        |                  |             |  |