

No. <b>C 157017</b>	<b>Due no later than Oct 31, 2014</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> WELLPOINT PROFESSIONAL PLAZA OWNERS ASSOCIATION INC. DON LAWRENZ PO BOX 4289 HAILEY ID 83333		DONALD R LAWRENZ 101 GRACE DR HAILEY ID 83333			
			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
DIRECTOR	THOMAS T TIERNEY/BUSTERBACK RANCH	BOX 9385-STAR RT HC64	KETCHUM	ID	USA	83340
DIRECTOR	ELIZABETH C TIERNEY/BUSTERBACK RANCH	BOX 9385-STAR RT HC64	KETCHUM	ID	USA	83340
5. Organized Under the Laws of:  <b>ID C 157017</b>	6. Annual Report must be signed.* Signature: Don Lawrenz Name (type or print): Don Lawrenz		Date: 08/24/2014 Title: Manager			
Processed 08/24/2014		* Electronically provided signatures are accepted as original signatures.				