



Idaho Corporation Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 10/31/2018

Reporting Year: 2018

Retu	rn completed form	within	30	days
ldaho	Secretary of State			
Attn:	Annual Reports			

B0027-6859 12/12/2018

10:44 AM Received

Attn: Annual Reports 450 North 4th Street Boise, ID 83702

Phone: (208) 334-2300

Annual Report: No filing fee if received by due date.	
If reinstatement is required, the reinstatement fee is \$30.00.	

SOS Control Number: 545872

Non-Profit Corporation (D)

Filing Status: Active-Good Standing

Date Formed: 10/16/2008

Formation Locale: ID

Name	and	Mailing	Address:
------	-----	---------	----------

JACKALOPE ACRES HOMEOWNER'S ASSOCIATION, INC

564 JACKALOPE WAY VICTOR, ID 83455 (1) Add or Change Mailing Address:

Registered Agent (RA) and Registered Office (RO) Address:

CRISTIE PETERSEN 564 JACKALOPE WAY VICTOR, ID 83455 (2) Change RA and/or RO Address:

Note: The Registered Office address must be an Idaho address.

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.			72 M	
Title	Name	Business Address	City, State, Zip	Ω̈́
President	T DAVID Arentz	10.0.Bcx 1047	Victor Id 83455	
	Chuck Mason	571 JACKalope Wary	Wictor Id 83455	ct
Secretary	Cristie Reterson	S64 JACKalove viny	VILLOF Ed 93455	7
TREGSULEY	HAI Johnson	634 JACKalope way	10000 to 83455	Y
(E) Donal of Dia	nations were and builtings added to the	-in-and-) Attack additional data to the second		_

Board of Directors names and business address (with zip code). Attach additional sheet if necessary.

Name	Business Address	City, State, Zip
		v v
		<u> </u>
		d
		

- June June	(5) Signature Crustie	Petersen
-------------	-----------------------	----------

(6) Date: NOU 2, 2018

(7) Type/Print Name:

Cristie Reters

(8) Title: Secretar

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating. Sign and date this form and return to the address provided above.

awerence Denney