No. C 156751		Due no later than Oct 31, 2012		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			RIVERSIDE MANAGEMENT CO INC 8919 W ARDENE ST BOISE ID 83709			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TRAILSIDE PLACE HOMEOWNERS ASSOCIATION, INC. 8919 W ARDENE BOISE ID 83709						
				3	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
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	LOWELL BRO		4377 S. TRAILS END		BOISE	ID	USA	83716
DIRECTOR ALLISON SM		IITH	3682 E. TALLOW LANE		BOISE	ID	USA	83716
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: K. Haskell			Date: 08/10/2012			
C 156751		Name (type or print): K. Haskell			Title: Manager			
Processed 08/10/2012 * Electronically provided signatures are accepted as original signatures.								