



STATE OF IDAHO  
PETE T. CENARRUSA  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

First-Class  
Permit No. 1  
Boise, Idaho  
Pre-Sorted

28 DEC 16 AM 10:12

SECRETARY OF STATE  
STATE OF IDAHO

IDAHO ANNUAL REPORT FORM  
PRESORTED FIRST - CLASS MAIL

C 100085  
PIONEER RIDGE OWNERS ASSOCIATION, INC.  
2509 STAGECOACH RD.  
POST FALLS ID 83854

C 10085

AUTO 83854

Uncheckable checkboxes

No. C100085	Annual Report Form 1997 Due No Later Than November 30		2. Registered Agent and Office MOT A P.O. BOX CHARLES STPP 2509 STAGECOACH RD. Kent Long 615 Larat Ct. POST FALLS ID 83854 Post Falls ID 83854			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct PIONEER RIDGE OWNERS ASSOCIATION 615 Larat Ct. 2509 STAGECOACH RD.		3. Organized Under the Laws of: 19 C 100085			
** FINAL NOTICE **	POST FALLS	ID 83854				
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)						
Office held	Name	Street or P.O. Address	City	State	Zip	
Kent Long	President	615 Larat Ct.	Post Falls	ID	83854	
Vice President	DAVID COLEMAN	409 Musket Ave	Post Falls	ID	83854	
Jerry Baltzell	Treasurer	2505 Stagecoach Dr	Post Falls	ID	83854	
Secretary	ROBIN ARRIES	2410 N. Rawhide Ridge	Post Falls	ID	83854	
5.	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature ROBIN ARRIES					Date 11-23-98
Name (Type or Print) ROBIN ARRIES						Title Secretary
ISSUED: 10-04-1997						11247

C

Fold, seal and mail this portion.

Detach at this perforation and discard this lower portion.

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

1. Please pay special attention to the mailing address. If it is incorrect, please make the appropriate corrections.  
NOTE: The name of the business entity cannot be altered on the annual report form.
2. If the registered agent has changed or moved, please make that correction on this form. The registered agent must be found IN IDAHO at a PHYSICAL ADDRESS. PO Boxes WILL NOT be accepted. If report is for a Limited Liability please refer to #4 below.
3. Corporation: Enter names and addresses of ONLY the president, secretary, and directors in block 4.  
Limited Liability Company: Enter the names and addresses of the managers or members in block 4.  
NOTE: Putting "same as last year" WILL NOT be accepted.
4. Corporation: If the pre-filled information pertaining to the nature of business, in block 5, is incorrect please correct it. If the block says "any lawful" please enter the nature of business. Please be specific. "Nonprofit" or "General Business" is too broad.  
Limited Liability Company: If the registered agent has been changed in block 2, then the NEW registered agent must accept that position by signing in block 5.
5. Block 6 must be signed by an authorized person.

If the business entity is no longer doing business in Idaho, please contact the Secretary of State's office at 208 334-2301 for further instructions.

NOTE: The annual report must be received by the Office of the Secretary of State on or before November 30 or the Business Entity will forfeit its right to do business. Postmark date will not be accepted. If a corporation does forfeit, there will be a \$20.00 fee due to reinstate. If a limited liability company does cancel there will be a \$10.00 fee due to reinstate.

DUE NO LATER THAN NOVEMBER 30