

|                                                                                                                                                        |                |                                                                                                                                                                           |        |                                                        |                   |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------|-------------------|-------------|
| No. <b>C 64286</b>                                                                                                                                     |                | <b>Due no later than Jul 31, 2016</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>Annual Report Form</b>                                                                                                                                                 |        | W RICHARD LAMM<br>315 DEINHARD LANE<br>MCCALL ID 83638 |                   |             |
|                                                                                                                                                        |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>VILLAGE SQUARE OWNERS ASSOCIATION, A NON-PROFIT CORPORATION<br>W RICHARD LAMM<br>BOX 1681<br>MCCALL ID 83638 |        | 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 |
| TREASURER                                                                                                                                              | RICK LAMM      | PO BOX 2069                                                                                                                                                               | MCCALL | ID                                                     | USA               | 83638       |
| PRESIDENT                                                                                                                                              | RODNEY NIELSEN | 1004 EVERGREEN                                                                                                                                                            | MCCALL | ID                                                     | USA               | 83638       |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                                         |        |                                                        |                   |             |
| <b>ID<br/>C 64286</b>                                                                                                                                  |                | Signature: Mary Beth Allen                                                                                                                                                |        |                                                        | Date: 06/22/2016  |             |
|                                                                                                                                                        |                | Name (type or print): Mary Beth Allen                                                                                                                                     |        |                                                        | Title: Bookkeeper |             |
| Processed 06/22/2016                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                 |        |                                                        |                   |             |