No. C 140223	Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2012 ANNUMANTE PURLLERS	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	ANN MARIE PHILLIPS 1. Mailing Address: Correct in this box if needed. EDINBURGH PLACE OWNERS ASSOCIATION, INC. PARK POINTE MANAGEMENT SERVICE S 6223 N DISCOVERY WAY STE 120 BOISE ID 83713 ISOO W. BAYMOUK BOISC, ID \$370V 3. New Registered Agent Signature.	
Office Held Director Director Director Director	er Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. Name Street or PO Address City State Country Postal Code (Avmyn Rogert ISO W. Barnock Boile ID Adm. 83700 Ron Hope II	
5. Organized Under the Li IDAHO C 140223 Issued 03/24/2015 by onli	Signature: Name (type or print): WWW TWS Date: 3 2 n 15 Title: MANAGEY	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.