No. C 96185		Due no later than Aug 31, 2017		2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			RIVERSIDE MGMT 8919 W ARDENE ST BOISE ID 83709			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.						
		TROLLEY ESTATES HOMEOWNERS ASSOCIATION, INC. RIVERSIDE MGMT 8919 W ARDENE ST BOISE ID 83709			3. New Registered Agent Signature:*			
4. Corporations: Enter	Names and Busin	ess Addresses of Presid	lent, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT STEVE HATT			2008 E. LAMAR COURT	BOISE	ID	USA	83712	
TREASURER KEITH HARK		LESS	2083 E. TROLLEY CT.	BOISE	ID	USA	83712	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: S. Anderson			Date: 08/30/2017			
C 96185		Name (type or print): S. Anderson			Title: Manager			
Processed 08/30/2017		* Electronically provided signatures are accepted as original signatures.						