

| | | | | | |
|--|-------------------|---|-------|---|---------------------|
| No. C 214997 | | Due no later than Aug 31, 2018 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. HEALTHY LIVING CONDOMINIUMS ASSOCIATION, INC DAVID L DURO 1177 W STATE STREET BOISE ID 83702 | | DAVID L DURO 1177 W STATE STREET BOISE ID 83702 | |
| | | | | 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 |
| DIRECTOR | MIKE CONAWAY | 1177 W STATE STREET | BOISE | ID | 83702 |
| DIRECTOR | TOM O'NEIL | 1177 W STATE STREET | BOISE | ID | 83702 |
| DIRECTOR | KIMBERLY SCHWISOW | 190 E BANNOCK ST | BOISE | ID | 83712 |
| 5. Organized Under the Laws of: ID C 214997 | | 6. Annual Report must be signed.* Signature: Kathryn Hunter Name (type or print): Kathryn Hunter Date: 08/15/2018 Title: Assistant to the CAO | | | |
| Processed 08/15/2018 | | * Electronically provided signatures are accepted as original signatures. | | | |