| No. C 182382 | | Due no later than Mar 31, 2011 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---------------|---|--|-------------------------------------|--|---------|-------------|--|
| Return to: | | Annual Report Form | | to consider the boson of the second | LAWRENCE K GIBBON MD 185 W. 4TH AVE, STE B POST FALLS ID 83854 | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. RIVERVIEW MEDICAL PLAZA CONDOMINIUM OWNERS ASSOCIATION, INC. ANGIE ROTHROCK | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | 185 W. 4TH AVE, STE A POST FALLS ID 83854 USA | | 3. <u>New</u> Register | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Corporations: Enter Nan | nes and Busin | ess Addresses of Pre | esident, Secretary, and Directors. Treasur | er (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR LAWRENCE | | K GIBBON | 185 W. 4TH AVE STE B | POST FALLS | ID | USA | 83854 | |
| DIRECTOR CHER A JAC | | COBSEN | 185 W. 4TH AVE STE B | POST FALLS | ID | USA | 83854 | |
| DIRECTOR | SARAH M H | IEMMINGSON | 185 W. 4TH AVE STE. A | POST FALLS | ID | USA | 83854 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 182382 | | Signature: Angie Rothrock | | Date | Date: 01/18/2011 | | | |
| | | Name (type or print): Angie Rothrock | | Title | Title: Building Manager | | | |
| Processed 01/18/2011 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |