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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------|---------|-------------|--|
| No. <b>C 63842</b>                                                                                                                                     |                   | Due no later than May 31, 2015<br><b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b><br>RIVER RUN PHASE 1-A LOCAL ASSOCIATION, INC.<br>975 RIVER RUN DR<br>BOISE ID 83706           |       | RESIDENTIAL ASSOCIATION MGMT<br>250 BOBWHITE COURT<br>SUITE 225<br>BOISE ID 83706 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                          |       | 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 |  |
| PRESIDENT                                                                                                                                              | SUZANNE RAINVILLE | 2048 CREEKSIDE                                                                                                                                           | BOISE | ID                                                                                | USA     | 83706       |  |
| SECRETARY                                                                                                                                              | RON GRAVES        | 2024 CREEKSIDE                                                                                                                                           | BOISE | ID                                                                                | USA     | 83706       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 63842</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: danielle drake<br>Name (type or print): danielle drake<br>Date: 05/14/2015<br>Title: association manager |       |                                                                                   |         |             |  |
| Processed 05/14/2015                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                |       |                                                                                   |         |             |  |