

No. C 57169	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX RANDY C. FOSS 4511 ODEN BAY DR SANDPOINT ID 83864
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct ODEN VIEW ESTATES IMPROVEMEN RANDY FOSS 4511 ODEN BAY DR SANDPOINT ID 83864		3. Organized Under the Laws of: ID C 57169
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
<i>Elaine Farrah ↔</i>	<i>President</i>	<i>4405 Oden Bay Dr.</i>	<i>Sandpoint, Id. 83864</i>
<i>Secretary/Treasurer</i>	<i>Randy Foss</i>	<i>4511 Oden Bay Dr.</i>	<i>Sandpoint, Id. 83864</i>
<i>Board member</i>	<i>Ann Gehring</i>	<i>4475 Oden Bay Dr.</i>	<i>Sandpoint, Id. 83864</i>
<i>Board member</i>	<i>Richard Osborn</i>	<i>4480 Oden Bay Dr.</i>	<i>Sandpoint Id. 83864</i>
<i>Board member</i>	<i>Bill Lewis</i>	<i>4513 Oden Bay Dr.</i>	<i>Sandpoint, Id. 83864</i>
5. NATURE OF BUSINESS PROPERTY OWNERS IMPROVEMENT ASSOCIATION		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>Randy C. Foss</i></u> Date <u><i>10-22-96</i></u> Name (Typed or Printed) <u><i>Randy C. Foss</i></u> Title <u><i>secretary/treasurer</i></u>	
ISSUED: 10-05-1996		9948	