Return completed form within 30 days to: Idaho Sacrelary of State Atto: Annual Reports A50 North 4th Street Boke. ID 83720 Phore: (208) 334-2300 Annual Report: No filing fee if received by the due date. SOS Control Number: 605467 Filing Status: Active-Good Standing Non-Profit Corporation (D) Date Formed: 01/05/2014 Formation Locale: ID Name and Mailing Address: (1) Add or Change Mailing Address: (2) Change RA and/or RO Address: GINA LIND 109 W 19TH AVE POST FALLS, ID 83854 Note: The Registered Office (RO) Address: (2) Change RA and/or RO Address: (3) New Registered Agent (RA) Signature:	Idaho Corporation Annual Report Form					
Annual Report: No filing fee if received by the due date. Due no later them: 01/31/202 SOS Control Number: 605467 Filing Status: Active-Good Standing Non-Profit Corporation (D) Date Formed: 01/06/2014 Formation Locale: ID Name and Mailing Address: (1) Add or Change Mailing Address: (1) Add or Change Mailing Address: PARKVEW RIDGE CONDOMINIUM OWNERS ASSOCIATION, INC. PARKVEW RIDGE CONDOMINIUM OWNERS ASSOCIATION, INC. APT B 09 W 19TH AVE POST FALLS, ID 83854-4958 Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address: GINA LIND 109 W 19TH AVE APT B POST FALLS, ID 83854 Image: Status is appointed in form (2) above, the new agent is appointed in form (2) above, the new agent must sign have to accept the appointed in form (2) above, the new agent must sign have to accept the appointed in form (2) above, the new agent must sign have to accept the appointed in form (2) above, the new agent must sign have to accept the appointed in form (2) above, the new agent must sign have to accept the appointed in form (2) above, the new agent must sign have to accept the appointed in form (2) above, the new agent must sign have to accept the appointed in form (2) above, the new agent must sign have to accept the appointed in form (2) above, the new agent must sign have to accept the appointed in form (2) above, the new agent must sign have to accept the appointed in form (2) above, the new agent must sign have to accept the appointed in form (2) above, the new agent must sign have to accept the accept the appointed in for	Idaho Secretary Attn: Annual Re 450 North 4th St	of State ports	n 30 days to:		-FILED-	-628
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Title Name Business Address City, State, Zip President Regina Linct 109 w)19 Mue #B Post Falls ID 8385 Vice Pras N/A H Seistetar N/A H Trassurei N/A H Sistetar N/A H Sistetar N/A H Trassurei N/A H Sistetar N/A H Trassurei N/A H (5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary. H Name Business Address City, State, Zip H H H H (5) Board of Directors names and business Address City, State, Zip H H H H (5) Board of Directors names and business Address City, State, Zip H (6) Date: 1-6-25 H (7) Type/Print Name: Regina H H (8) Title: President H (7) Type/Print Name: Regina H H						appointment
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Name Business Address City, State, Zip H Business Address City, St	Treasurer N/A	ness addresses (w	ith zip code). Attach additional she	et if necessary.		5
(5) Signature Regima incl. (6) Date: 1-6-25 (7) Type/Print Name: Regima Lind (8) Title: President Chart	Name	Busin	ess Address	C	ity, State, Zip	<u> </u>
(5) Signature Regima incl. (6) Date: 1-6-25 (7) (7) Type/Print Name: Regima Lind (8) Title: President (6) Title: President (7)		V (/				0 1 1 1 1
(1) Type/Print Name: <u>Keginia Linid</u> (8) Title: <u>President</u> H	(5) Signature Rogina) incl		6) Date: /-6	-25	tary
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