No. <b>C 103341</b>		Due no later than Sep 30, 2016	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  GLENGARRY ESTATES OWNERS ASSOCIATION, INC. MACHELLE MARTIN 835 N COLES LOOP POST FALLS ID 83854-4551	MACHELLE MARTIN 835 N COLES LP POST FALLS ID 83854-4551  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Names a	ind Busine	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held Nam	ne	Street or PO Address	City	State	Country	Postal Code
DIRECTOR JIM	GRASSI	730 N COLES LOOP	POST FALLS	ID	USA	83854
DIRECTOR MAC	CHELLE M	IARTIN 835 N COLES LOOP	POST FALLS	ID	USA	83854
DIRECTOR JOHI	n raley	870 N COLES LOOP	POST FALLS	ID	USA	83854
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Machelle Martin	Date: 08/18/2016			
C 103341		Name (type or print): Machelle Martin	print): Machelle Martin Title: Director/Treasurer			
Processed 08/18/2016	* Electronically provided signatures are accepted as original signatures.					