No. <b>C 52754</b>		Du	2. Registered Agent and Address (NO PO BOX)					
Return to:		Annual Report Form			CAMILLE CEGNAR 3079 S SNOWFLAKE BOISE ID 83706  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		ed.				
		LAKEWOOD UNIT NO. 3 HOMEOWNERS ASSOCIATION, INC. DEVELOPMENT SERVICES INC 9601 W STATE ST #203 BOISE ID 83714						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Name	es and Busin	ess Addresses of	President, Secretary, and Directors. Tre	easurer (d	optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
SECRETARY CATHERINE		THOMAS	9601 W STATE ST. #203		BOISE	ID	USA	83714
DIRECTOR BARRY CUNF			9601 W STATE ST. #203		BOISE	ID	USA	83714
PRESIDENT CAMILLE CE		GNAR	9601 W STATE ST. #203		BOISE	ID	USA	83714
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 52754		Signature: Shelli Daylong			Date: 11/13/2015			
		Name (type or print): Shelli Daylong			Title: Association Manager			
Processed 11/13/2015	* Electronically provided signatures are accepted as original signatures.							