

No. C 145184	Due no later than Aug 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)																																													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. RIVERS END NEIGHBORHOOD ASSOCIATION, INC. GEORGIA MACKLEY 9601 W. STATE STREET, STE. 203 BOISE ID 83714		GEORGIA MACKLEY 9601 W. STATE STREET, STE 203 BOISE ID 83714																																													
			3. <u>New</u> Registered Agent Signature:*																																													
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). <table border="1"> <thead> <tr> <th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr> </thead> <tbody> <tr> <td>PRESIDENT</td><td>JERRY BLAIR</td><td>1453 E. RIVERS END DRIVE</td><td>EAGLE</td><td>ID</td><td>USA</td><td>83616</td></tr> <tr> <td>TREASURER</td><td>RUSS STANLEY</td><td>1058 E. RIVERS END DRIVE</td><td>EAGLE</td><td>ID</td><td>USA</td><td>83616</td></tr> <tr> <td>SECRETARY</td><td>STEVE KELCH</td><td>1086 E. RIVERSONG DRIVE</td><td>EAGLE</td><td>ID</td><td>USA</td><td>83616</td></tr> <tr> <td>VICE PRESIDENT</td><td>TIM BUNDGARD</td><td>1170 E. RIVERSONG DRIVE</td><td>EAGLE</td><td>ID</td><td>USA</td><td>83616</td></tr> <tr> <td>DIRECTOR</td><td>BILL COLE</td><td>1687 S. WATERLEAF AVENUE</td><td>EAGLE</td><td>ID</td><td>USA</td><td>83616</td></tr> </tbody> </table>							Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	JERRY BLAIR	1453 E. RIVERS END DRIVE	EAGLE	ID	USA	83616	TREASURER	RUSS STANLEY	1058 E. RIVERS END DRIVE	EAGLE	ID	USA	83616	SECRETARY	STEVE KELCH	1086 E. RIVERSONG DRIVE	EAGLE	ID	USA	83616	VICE PRESIDENT	TIM BUNDGARD	1170 E. RIVERSONG DRIVE	EAGLE	ID	USA	83616	DIRECTOR	BILL COLE	1687 S. WATERLEAF AVENUE	EAGLE	ID	USA	83616
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5. Organized Under the Laws of: ID C 145184	6. Annual Report must be signed.* Signature: Georgia Mackley Name (type or print): Georgia Mackley Date: 06/23/2015 Title: Project Manager																																															
Processed 06/23/2015		* Electronically provided signatures are accepted as original signatures.																																														