| No. <b>C 92868</b>   |           | Due no later than Jul 31, 2011  |                                    | 2. Registered Agent and Address (NO PO BOX)   |          |    |     |                          |                 |                      |                                    |             |            |       |         |             |
|--|-----------|---|------------------------------------|---|----------|----|-----|--------------------------|-----------------|----------------------|------------------------------------|-------------|------------|-------|---------|-------------|
| Return to:   |           | Annual Report Form  |                                    | MSM MANAGEMENT 660 WATERTOWER RD MERIDIAN ID 83642  3. New Registered Agent Signature:* |          |    |     |                          |                 |                      |                                    |             |            |       |         |             |
| 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.  |                                    |   |          |    |     |                          |                 |                      |                                    |             |            |       |         |             |
|  |           | CREST WOOD ESTATES HOMEOWNER'S ASSOCIATION, INC. MIKE MADSON P O BOX 1246 MERIDIAN ID 83680 USA |                                    |   |          |    |     |                          |                 |                      |                                    |             |            |       |         |             |
|  |           |   |                                    |   |          |    |     | 4. Corporations: Enter N | Names and Busin | ess Addresses of Pre | esident, Secretary, and Directors. | Treasurer ( | optional). |       |         |             |
|  |           |   |                                    |   |          |    |     | Office Held              | Name            |                      | Street or PO Address               |             | City       | State | Country | Postal Code |
| SECRETARY CONNIE DALI  |           | LING  | PO BOX 1246                        |   | MERIDIAN | ID | USA | 83680                    |                 |                      |                                    |             |            |       |         |             |
| DIRECTOR BRIAN WARN  |           | NER   | PO BOX 1246                        |   | MERIDIAN | ID | USA | 83680                    |                 |                      |                                    |             |            |       |         |             |
| PRESIDENT  | ROY CARLS | NC  | PO BOX 1246                        |   | MERIDIAN | ID | USA | 83680                    |                 |                      |                                    |             |            |       |         |             |
| 5. Organized Under the Laws of:  |           | 6. Annual Report must be signed.*   |                                    |   |          |    |     |                          |                 |                      |                                    |             |            |       |         |             |
| ID<br>C 92868  |           | Signature: Mgm Date   |                                    | e: 05/23/2011   |          |    |     |                          |                 |                      |                                    |             |            |       |         |             |
|  |           | Name (type or print): Mgm Title:  |                                    | e: Association Management   |          |    |     |                          |                 |                      |                                    |             |            |       |         |             |
| Processed 05/23/2011   |           | * Electronically prov   | vided signatures are accepted as o | riginal sign  | atures.  |    |     |                          |                 |                      |                                    |             |            |       |         |             |