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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------|---------|-------------|--|
| No. <b>C 155733</b>                                                                                                                                    |                 | <b>Due no later than Jul 31, 2009</b>                                                                                                                                                 |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br>HIGHGATE SUBDIVISION HOME OWNERS' ASSOCIATION,<br>INC.<br>VALLEY PROPERTY MANAGEMENT<br>PO BOX 1090<br>MERIDIAN ID 83680 |          | LORI A HARTZMANN<br>849 E FAIRVIEW<br>MERIDIAN ID 83642 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                       |          | 3. <u>New</u> Registered Agent Signature:*              |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                 |                                                                                                                                                                                       |          |                                                         |         |             |  |
| Office Held                                                                                                                                            | Name            | Street or PO Address                                                                                                                                                                  | City     | State                                                   | Country | Postal Code |  |
| DIRECTOR                                                                                                                                               | SUSAN SUMMERS   | PO BOX 1090                                                                                                                                                                           | MERIDIAN | ID                                                      | USA     | 83680       |  |
| DIRECTOR                                                                                                                                               | BEV BAHM        | PO BOX 1090                                                                                                                                                                           | MERIDIAN | ID                                                      | USA     | 83680       |  |
| DIRECTOR                                                                                                                                               | LARRY SHOEMAKER | PO BOX 1090                                                                                                                                                                           | MERIDIAN | ID                                                      | USA     | 83680       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 155733</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Michael<br>Name (type or print): Michael<br>Date: 09/01/2009<br>Title: Farlow                                                         |          |                                                         |         |             |  |
| Processed 09/01/2009                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                             |          |                                                         |         |             |  |