





No. C 177310	Reinstatement Annual Report Form ADMIN DISSOLVED 05/06/2009		2. Registered Agent and Office (NOT A P.O. BOX) BRIAN DEAN PETERSON 2303 OLYMPIC IDAHO FALLS ID 83404 Michael Klosak 1436 Falcon Dr. Ammon, ID 83406																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. PHEASANT ESTATES TWIN HOMES SUBDIVISION, HOMEOWNERS ASSOCIATION, INC. 2303 OLYMPIC IDAHO FALLS ID 83404 1436 Falcon Dr. Ammon, ID 83406		3. New Registered Agent Signature. 																																			
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office Held</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Michael Klosak</td> <td>1436 Falcon Dr.</td> <td>Ammon</td> <td>ID</td> <td>U.S.</td> <td>83406</td> </tr> <tr> <td>Vice President</td> <td>Bryce Call</td> <td>1368 Falcon Dr.</td> <td>Ammon</td> <td>ID</td> <td>U.S.</td> <td>83406</td> </tr> <tr> <td>Trustee</td> <td>John Hart</td> <td>1434 Falcon Dr.</td> <td>Ammon</td> <td>ID</td> <td>U.S.</td> <td>83406</td> </tr> <tr> <td>Trustee</td> <td>Stephanie Gregory</td> <td>1424 Falcon Dr.</td> <td>Ammon</td> <td>ID</td> <td>U.S.</td> <td>83406</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Michael Klosak	1436 Falcon Dr.	Ammon	ID	U.S.	83406	Vice President	Bryce Call	1368 Falcon Dr.	Ammon	ID	U.S.	83406	Trustee	John Hart	1434 Falcon Dr.	Ammon	ID	U.S.	83406	Trustee	Stephanie Gregory	1424 Falcon Dr.	Ammon	ID	U.S.	83406
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 177310 </div>		6. <table style="width: 100%;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 3/1/2013 </td> </tr> <tr> <td> Name (type or print): Michael Klosak </td> <td> Title: President </td> </tr> </table>		Signature: 	Date: 3/1/2013	Name (type or print): Michael Klosak	Title: President																															
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM