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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------|---------|-------------|
| No. <b>C 134380</b>                                                                                                                                    |                           | <b>Due no later than Jun 30, 2010</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><br>BRENDA ESTATES HOMEOWNERS ASSOCIATION, INC.<br>PO BOX 1090<br>MERIDIAN ID 83680 |          | MICHAEL FARLOW<br>849 E FAIRVIEW AVE<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                                                                                                                                               | HEATHER (LAST_NAME)KORTAN | PO BOX 1090                                                                                                                                      | MERIDIAN | ID                                                        | USA     | 83680       |
| DIRECTOR                                                                                                                                               | KEN MILLER                | PO BOX 1090                                                                                                                                      | MERIDIAN | ID                                                        | USA     | 83680       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 134380</b>                                                                                          |                           | 6. Annual Report must be signed.*<br>Signature: Michael Farlow<br>Name (type or print): Michael Farlow<br>Date: 05/10/2010<br>Title: Agent       |          |                                                           |         |             |
| Processed 05/10/2010                                                                                                                                   |                           | * Electronically provided signatures are accepted as original signatures.                                                                        |          |                                                           |         |             |