

No. C 168537	Due no later than Aug 31, 2009 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. SALUD CONDOMINIUM ASSOCIATION, INC. MICHAEL J SWOPE 223 N 6TH #425 BOISE ID 83702	MICHAEL J SWOPE 223 N 6TH #425 BOISE ID 83702				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).		3. <u>New</u> Registered Agent Signature:*				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	MIKE AND MARY J SWOPE	223 N 6TH #425	BOISE	ID	USA	83702-6085
DIRECTOR	BRIAN ANTHONY	1770 W STATE ST STE 150	BOISE	ID	USA	83702
DIRECTOR	JOE FITZPATRICK	1770 W STATE ST STE 150	BOISE	ID	USA	83702
5. Organized Under the Laws of: ID C 168537	6. Annual Report must be signed.*					
		Signature: Mike Swope	Date: 06/12/2009			
		Name (type or print): Mike Swope	Title: Director			
Processed 06/12/2009		* Electronically provided signatures are accepted as original signatures.				