| No. <b>C 144598</b>  |           | •   |                  | 2. Registered Agent and Address (NO PO BOX) |    |     |       |                        |                 |                         |   |             |       |         |             |
|--|-----------|---|------------------|---|----|-----|-------|------------------------|-----------------|-------------------------|---|-------------|-------|---------|-------------|
| Return to:   |           | Annual Report Form  |                  | MICHAEL S HOMAN 2229 W STATE ST SUITE B     |    |     |       |                        |                 |                         |   |             |       |         |             |
| 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.  |                  |   |    |     |       |                        |                 |                         |   |             |       |         |             |
|  |           | HIGHLANDER ESTATES HOMEOWNERS' ASSOCIATION, INC. MICHAEL HOMAN S PRESIDENT 2229 W STATE ST SUITE B BOISE ID 83702 |                  | BOISE ID 83702                              |    |     |       |                        |                 |                         |   |             |       |         |             |
|  |           |   |                  | 3. <u>New</u> Registered Agent Signature:*  |    |     |       |                        |                 |                         |   |             |       |         |             |
|  |           |   |                  |   |    |     |       | 4. Corporations: Enter | Names and Busin | ess Addresses of Presid | ent, Secretary, and Directors. Treasure | (optional). |       |         |             |
|  |           |   |                  |   |    |     |       | Office Held            | Name            |                         | Street or PO Address                    | City        | State | Country | Postal Code |
| PRESIDENT  | MICHEAL S | HOMAN   | 2229 W. STATE ST | BOSIE                                       | ID | USA | 83713 |                        |                 |                         |   |             |       |         |             |
|  |           |   |                  |   |    |     |       |                        |                 |                         |   |             |       |         |             |
| 5. Organized Under the Laws of:  |           | 6. Annual Report must be signed.*   |                  |   |    |     |       |                        |                 |                         |   |             |       |         |             |
| IDA HO<br>C 144598   |           | Signature: Michael S. Homan Date: 05/08/2006  |                  |   |    |     |       |                        |                 |                         |   |             |       |         |             |
|  |           | Name (type or print   | Title: President |   |    |     |       |                        |                 |                         |   |             |       |         |             |
| Processed 05/08/2006   |           | * Electronically provided signatures are accepted as original signatures.   |                  |   |    |     |       |                        |                 |                         |   |             |       |         |             |