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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------|--------------------------------------|-------------|--|
| No. <b>C 129378</b>                                                                                                                                    |                      | <b>Due no later than Jun 30, 2011</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>BEAR LAKE WEST HOA/POA AMENITIES ASSOCIATION,<br>INCORPORATED<br>DAN FILLION<br>554 LEWIS LOOP<br>FISH HAVEN ID 83287<br>USA |                    | DANIEL E FILLION<br>554 LEWIS LOOP<br>FISH HAVEN ID 83287 |                                      |             |  |
|                                                                                                                                                        |                      |                                                                                                                                                                                                                            |                    | 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 |  |
| PRESIDENT                                                                                                                                              | DAN FILLION          | 19 OSPREY CIRCLE                                                                                                                                                                                                           | FISH HAVEN         | ID                                                        | USA                                  | 83287       |  |
| TREASURER                                                                                                                                              | LORRAINE K CRITCHLOW | 6218 NOUNAN RD.                                                                                                                                                                                                            | MONTPELIER         | ID                                                        | USA                                  | 83254       |  |
| DIRECTOR                                                                                                                                               | DALEEN KING          | 1780 E 1400 N                                                                                                                                                                                                              | LOGAN              | UT                                                        | USA                                  | 84341       |  |
| DIRECTOR                                                                                                                                               | BRIAN KELLEN         | 599 SKY CREST LANE                                                                                                                                                                                                         | NORTH SALT<br>LAKE | UT                                                        | USA                                  | 84054       |  |
| DIRECTOR                                                                                                                                               | DENNIS BALL          | 1117 E 550 N                                                                                                                                                                                                               | OGDEN              | UT                                                        | USA                                  | 84404       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>C 129378</b>                                                                                              |                      | 6. Annual Report must be signed.*<br>Signature: Lorraine Critchlow<br>Name (type or print): Lorraine Critchlow                                                                                                             |                    |                                                           | Date: 05/09/2011<br>Title: Treasurer |             |  |
| Processed 05/09/2011                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                                                                                                  |                    |                                                           |                                      |             |  |