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|--|-------------|--|----------|---|---------|-------------|
| No. <b>C 105362</b>  |             | <b>Due no later than Mar 31, 2015</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>  |          | MIKE FARLOW<br>850 E. FRANKLIN RD. STE 416<br>MERIDIAN ID 83642 |         |             |
|  |             | <b>1. Mailing Address: Correct in this box if needed.</b><br>EAGLE POINTE HOMEOWNERS' ASSOCIATION NO. 2, INC.<br>%VALLEY PROPERTY MGMT<br>PO BOX 1090<br>MERIDIAN ID 83680 |          | 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   | JIM MURPHY  | PO BOX 1090  | MERIDIAN | ID  | USA     | 83680       |
| DIRECTOR   | PHIL CARROL | PO BOX 1090  | MERIDIAN | ID  | USA     | 83680       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 105362</b>  |             | 6. Annual Report must be signed.*<br>Signature: Michael Farlow<br>Name (type or print): Michael Farlow<br>Date: 03/26/2015<br>Title: Agent                                 |          |   |         |             |
| Processed 03/26/2015   |             | * Electronically provided signatures are accepted as original signatures.  |          |   |         |             |