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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------|---------------------|
| No. <b>W 95053</b>                                                                                                                                     |            | <b>Due no later than Jul 31, 2013</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><br>PRAIRIE SKY HOMEOWNERS ASSOCIATION, LLC<br>DONALD R SMOCK<br>1000 NORTHWEST BLVD<br>COEUR D ALENE ID 83814 |               | DONALD R SMOCK<br>1000 NORTHWEST BLVD<br>COEUR D ALENE ID 83814 |                     |
|                                                                                                                                                        |            |                                                                                                                                                                                                              |               | 3. <u>New</u> Registered Agent Signature:*                      |                     |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |            |                                                                                                                                                                                                              |               |                                                                 |                     |
| Office Held                                                                                                                                            | Name       | Street or PO Address                                                                                                                                                                                         | City          | State                                                           | Country Postal Code |
| MEMBER                                                                                                                                                 | PAT VOLKAR | 1000 NORTHWEST BLVD                                                                                                                                                                                          | COEUR D ALENE | ID                                                              | USA 83814           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 95053</b>                                                                                           |            | 6. Annual Report must be signed.*<br>Signature: Donald R. Smock<br>Name (type or print): Donald R. Smock<br>Date: 05/17/2013<br>Title: Member                                                                |               |                                                                 |                     |
| Processed 05/17/2013                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                                                                                    |               |                                                                 |                     |