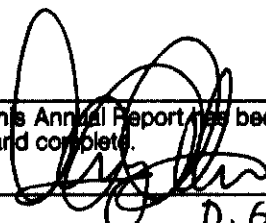


No. 86300 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FINAL NOTICE ** NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991 1. Mailing Address: <i>Please Correct If Not Correct</i> FOUR PEAKS ESTATES I HOMEOWNERS D. GARY PETERSON 683 NORTH CAPITAL AVENUE IDAHO FALLS ID 83402 0000	2. Registered Agent and Office NOT A P.O. BOX D. GARY PETERSON 683 NORTH CAPITAL AVENUE IDAHO FALLS ID 83402 3. Incorporated Under The Laws of ID NO: 066300																														
4. Names and Addresses of Officers and Directors <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; width: 30%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President: D. GARY PETERSON</td> <td>381 TEENINOT</td> <td>DRIGGS</td> <td>ID</td> <td>83422</td> </tr> <tr> <td>Secretary: SHANNON SUMMERS</td> <td>27 N 3000 E</td> <td>SUGAR CITY</td> <td>ID</td> <td>83448</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>D. GARY PETERSON</td> <td>(SAME AS ABOVE)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SHANNON SUMMERS</td> <td>(SAME AS ABOVE)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President: D. GARY PETERSON	381 TEENINOT	DRIGGS	ID	83422	Secretary: SHANNON SUMMERS	27 N 3000 E	SUGAR CITY	ID	83448	Directors:					D. GARY PETERSON	(SAME AS ABOVE)				SHANNON SUMMERS	(SAME AS ABOVE)			
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5. Nature of Business HOMEOWNERS ASSOC.	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature _____ Name (Typed or Printed) D. GARY PETERSON Date 10-29-91 Title PRESIDENT																															