

No. C 64002		Due no later than Jun 30, 2008 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MASTERS ASSOCIATION LTD. (THE) KIMBERLY OLSON 7000 W IRVING LANE BOISE ID 83704		JAN BRELFSFORD 7000 W IRVING LANE BOISE ID 83704			
NO FILING FEE IF RECEIVED BY DUE DATE				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	JOE D'ERRICO	6908 W IRVING LN	BOISE	ID	USA	83704	
DIRECTOR	ROGER MCMURTY	6967 W IRVING LN	BOISE	ID	USA	83704	
DIRECTOR	MEG KEENAN	6914 W IRVING LN	BOISE	ID	USA	83704	
DIRECTOR	PERRY LEE	7004 W IRVING LN	BOISE	ID	USA	83704	
DIRECTOR	STEPHANIE FOX	6955 W IRVING LN	BOISE	ID	USA	83704	
DIRECTOR	SAM CRAWFORD	108 S HAZELWOOD DR	COEUR D ALENE	ID	USA	83814	
DIRECTOR	FRAN FRANK	6825 W IRVING LN	BOISE	ID	USA	83704	
DIRECTOR	JAYNE CHASE	6971 WEST IRVING LANE	BOISE	ID	USA	83704	
DIRECTOR	MELVA PATTERSON	7007 W IRVING LN	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID C 64002		6. Annual Report must be signed.* Signature: Kimberly Olson Name (type or print): Kimberly Olson					
		Date: 07/23/2008 Title: Manager					
Processed 07/23/2008		* Electronically provided signatures are accepted as original signatures.					