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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------|---------------------|
| No. <b>C 200008</b>                                                                                                                                    |              | <b>Due no later than Oct 31, 2015</b>                                                                                                                                                                                |       | <b>2. Registered Agent and Address (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>TRAILWIND SUBDIVISION HOMEOWNERS' ASSOCIATION,<br>INC.<br>DOUGLAS JAYO<br>10564 W BUSINESS PARK LANE<br>BOISE ID 83709 |       | DOUGLAS JAYO<br>10564 W BUSINESS PARK LANE<br>BOISE ID 83709 |                     |
|                                                                                                                                                        |              |                                                                                                                                                                                                                      |       | 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                                                                                                                                               | SHANE JAYO   | 10564 W BUSINESS PARK LANE                                                                                                                                                                                           | BOISE | ID                                                           | 83709               |
| DIRECTOR                                                                                                                                               | CAMERON JAYO | 10564 W BUSINESS PARK LANE                                                                                                                                                                                           | BOISE | ID                                                           | 83709               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 200008</b>                                                                                          |              | 6. Annual Report must be signed.*<br>Signature: douglas jayo<br>Name (type or print): douglas jayo<br>Date: 08/26/2015<br>Title: agent                                                                               |       |                                                              |                     |
| Processed 08/26/2015                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                                                            |       |                                                              |                     |