| No. <b>C 116069</b>  |                 | Due no later than Aug 31, 2016   |  | 2. Registered Ag                           | 2. Registered Agent and Address (NO PO BOX)         |         |             |             |
|--|-----------------|--|--|--|---|---------|-------------|-------------|
| Return to:  SECRETARY OF STATE  700 WEST JEFFERSON  PO BOX 83720  BOISE, ID 83720-0080  NO FILING FEE IF  RECEIVED BY DUE DATE |                 | Annual Report Form  1. Mailing Address: Correct in this box if needed.  PINE GAP PROPERTY OWNER'S ASSOCIATION, INC.  KATHY MOFFIS %KATHY MOFFIS  94 BROWNLEE RD  HORSESHOE BEND ID 83629 |  | 94 BROWNLE                                 | KATHY MOFFIS 94 BROWNLEE RD HORSESHOE BEND ID 83628 |         |             |             |
|  |                 |  |  | 3. <u>New</u> Registered Agent Signature:* |   |         |             |             |
|  |                 |  |  |  |   |         |             | 2000 000 10 |
| Office Held  | Name            |  | Street or PO Address                       | City<br>HORSESHOE                          | State   | Country | Postal Code |             |
| TREASURER  | KATHY MOF       | FIS  | 94 BROWNLEE RD.                            | BEND                                       | ID  | USA     | 83629       |             |
| SECRETARY  | DUSTY LANE      |  | 100 PINE GAP RD.                           | HORSESHOE<br>BEND                          | ID  | USA     | 83629       |             |
| PRESIDENT  | WAYNE MORTENSEN |  | 149 PINE GAP ROAD                          | HORSESHOE<br>BEND                          | ID  | USA     | 83629       |             |
| 5. Organized Under the Laws of: 6. A   |                 | 6. Annual Repor  | t must be signed.*                         |  |   |         |             |             |
| ID   |                 | Signature: Kathy Moffis  |  |  | Date: 06/21/2016                                    |         |             |             |
| C 116069   |                 | Name (type or print): Kathy Moffis   |  |  | Title: Treasurer                                    |         |             |             |
| Processed 06/21/2016   | 5               | * Electronically p   | rovided signatures are accepted as origina | Il signatures.                             |   |         |             |             |