

|                                                                                                                                                        |               |                                                                                                                                                                   |       |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------|---------|-------------|--|
| No. <b>C 172562</b>                                                                                                                                    |               | <b>Due no later than Apr 30, 2014</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>1. Mailing Address: Correct in this box if needed.</b><br>PINE BROOK HOMEOWNER'S ASSOCIATION, INC.<br>TRICIA A CALLIES<br>1715 W. BANNOCK ST<br>BOISE ID 83702 |       | TRICIA A CALLIES<br>1715 W. BANNOCK ST<br>BOISE ID 83702 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                   |       | 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 |  |
| SECRETARY                                                                                                                                              | JENNIFER FISH | 1715 W BANNOCK                                                                                                                                                    | BOISE | ID                                                       | USA     | 83702       |  |
| PRESIDENT                                                                                                                                              | CHAD LONGSON  | 1715 W BANNOCK ST                                                                                                                                                 | BOISE | ID                                                       | USA     | 83702       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>C 172562</b>                                                                                              |               | 6. Annual Report must be signed.*<br>Signature: Michelle Weert<br>Name (type or print): Michelle Weert                                                            |       |                                                          |         |             |  |
| Date: 02/10/2014<br>Title: Accountant                                                                                                                  |               |                                                                                                                                                                   |       |                                                          |         |             |  |
| Processed 02/10/2014                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                         |       |                                                          |         |             |  |