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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------|---------|-------------|--|
| No. <b>C 199086</b>                                                                                                                                    |              | <b>Due no later than Jul 31, 2016</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>DESERTHAWK HOMEOWNERS ASSOCIATION, INC.<br>JAN ROSE<br>P. O. BOX 810<br>STAR ID 83669 |          | TIMOTHY W ECK<br>6152 W HALF MOON LN<br>EAGLE ID 83616 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                    |          | 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                                                                                                                                               | COREY BARTON | 1799 E OVERLAND                                                                                                                                    | MERIDIAN | ID                                                     | USA     | 83642       |  |
| DIRECTOR                                                                                                                                               | SERENA CLARK | 1799 E OVERLAND                                                                                                                                    | MERIDIAN | ID                                                     | USA     | 83642       |  |
| DIRECTOR                                                                                                                                               | ADAIR KOLTES | 1799 E OVERLAND                                                                                                                                    | MERIDIAN | ID                                                     | USA     | 83642       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>C 199086</b>                                                                                              |              | 6. Annual Report must be signed.*<br>Signature: Jan Rose<br>Name (type or print): Jan Rose                                                         |          |                                                        |         |             |  |
|                                                                                                                                                        |              | Date: 08/01/2016<br>Title: Agent                                                                                                                   |          |                                                        |         |             |  |
| Processed 08/01/2016                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                          |          |                                                        |         |             |  |