

| | | | | | | | |
|--|-----------------|---|---------|---|---------|-------------|--|
| No. C 173787 | | Due no later than Jun 30, 2012 | | 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 | | 1. Mailing Address: Correct in this box if needed. PARK POINTE OWNERS ASSOCIATION, INC ROB SALOMON PO BOX 375 FREEDOM WY 83120 | | GARY L MEIKLE 1000 RIVERWALK STE 200 IDAHO FALLS ID 83402 | | | |
| | | | | 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 | LANCE MORTENSEN | PO BOX 132 | FREEDOM | WY | USA | 83120 | |
| DIRECTOR | ROB SALOMON | PO BOX 375 | FREEDOM | WY | USA | 83120 | |
| DIRECTOR | TONY STALLINGS | PO BOX 692 | REXBURG | ID | USA | 83440 | |
| 5. Organized Under the Laws of: ID C 173787 | | 6. Annual Report must be signed.* Signature: Rob Salomon Name (type or print): Rob Salomon Date: 06/02/2012 Title: Director | | | | | |
| Processed 06/02/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |