| No. <b>C 111029</b>  |                                 | Due no later than Jun 30, 2011 Annual Report Form   |   | 2. Registered Agent and Address (NO PO BOX) |   |          |            |                |
|--|---------------------------------|---|---|---|---|----------|------------|----------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 |                                 | 1. Mailing Address: Correct in this box if needed.  SWEETGRASS AT MEADOW WOOD PROPERTY OWNERS' ASSOCIATION, INC. JANINE A SHEPARD PO BOX 1032 |   | 5'  | JANINE SHEPARD 80 SWEETGRASS LN SANDPOINT ID 83862  3. New Registered Agent Signature:* |          |            |                |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                                 | PONDERAY ID 83852<br>USA  |   |   |   |          |            |                |
| 4. Corporations: Enter Nar   | mes and Busin                   | ess Addresses o   | of President, Secretary, and Directors. Treas | surer (                                     | optional).  |          |            |                |
| Office Held  | Name                            |   | Street or PO Address                          |   | City  | State    | Country    | Postal Code    |
| PRESIDENT<br>SECRETARY   | JANINE A SHEPARD<br>JAMIE WILKS |   | 80 SWEETGRASS LANE<br>210 SWEETGRASS LANE     |   | SANDPOINT<br>SANDPOINT  | ID<br>ID | USA<br>USA | 83864<br>83864 |
| 5. Organized Under the Laws of:  |                                 | 6. Annual Report must be signed.*   |   |   |   |          |            |                |
| ID<br>C 111029   |                                 | Signature: Janine Shepard   |   |   | Date: 05/09/2011  |          |            |                |
|  |                                 | Name (type or print): Janine Shepard  |   |   | Title: President  |          |            |                |
| Processed 05/09/2011   |                                 | * Electronically  | provided signatures are accepted as origina   | al signa                                    | atures.   |          |            |                |