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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------|---------|-------------|--|
| No. <b>C 215221</b>                                                                                                                                    |                  | <b>Due no later than Sep 30, 2018</b>                                                                                                                                   |            | <b>2. Registered Agent and Address (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>FIELDSTONE PROFESSIONAL COTTAGE HOMEOWNERS<br>ASSOCIATION, INC.<br>PO BOX 0346<br>TWIN FALLS ID 83303-0346 |            | BRADFORD J WILLS<br>222 SHOSHONE ST WEST<br>TWIN FALLS ID 83301 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                                         |            | 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                                                                                                                                               | LUCY F WILLS     | 222 SHOSHONE ST W                                                                                                                                                       | TWIN FALLS | ID                                                              | USA     | 83301       |  |
| DIRECTOR                                                                                                                                               | RAYLENE F DUNCAN | 222 SHOSHONE ST W                                                                                                                                                       | TWIN FALLS | ID                                                              |         | 83301       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>C 215221</b>                                                                                              |                  | 6. Annual Report must be signed.*<br>Signature: Bradford J Wills<br>Name (type or print): Bradford J Wills                                                              |            |                                                                 |         |             |  |
| Date: 07/31/2018<br>Title: Director                                                                                                                    |                  |                                                                                                                                                                         |            |                                                                 |         |             |  |
| Processed 07/31/2018                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                               |            |                                                                 |         |             |  |