

|  |                    |  |        |   |         |             |  |
|--|--------------------|--|--------|---|---------|-------------|--|
| No. <b>C 168784</b>  |                    | <b>Due no later than Sep 30, 2010</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>HIGHPOINTE ESTATES HOMEOWNERS ASSOCIATION INC.<br>DAVE CHRISTENSEN<br>18250 VAN SLYKE RD<br>WILDER ID 83676 |        | DAVE CHRISTENSEN<br>18250 VAN SLYKE RD<br>WILDER ID 83676 |         |             |  |
|  |                    |  |        | 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   | SANDRA CHRISTENSEN | 18250 VAN SLYKE RD   | WILDER | ID  | USA     | 83676       |  |
| DIRECTOR   | DAVE CHRISTENSEN   | 18250 VAN SLYKE RD   | WILDER | ID  | USA     | 83676       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 168784</b>  |                    | 6. Annual Report must be signed.*<br>Signature: Dave Christensen<br>Name (type or print): Dave Christensen<br>Date: 07/12/2010<br>Title: Director                        |        |   |         |             |  |
| Processed 07/12/2010   |                    | * Electronically provided signatures are accepted as original signatures.  |        |   |         |             |  |