No. <b>C 123975</b>		Due no later than May 31, 2013		2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		FCOF F MITH	KARLA ROSA OTOOLE 5625 E WILDHORSE LN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  WILDHORSE RANCH OWNER'S ASSOCIATION, INC.  KARLA K. ROSA  PO BOX 6615  BOISE ID 83707		BOISE ID	BOISE ID 83712  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
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	JULIA PIERKO		PO BOX 6615	BOISE	ID	USA	83707	
DIRECTOR	DOUG BATES	S	PO BOX 6615	BOISE	ID	USA	83707	
TREASURER	KARLA K RO	OSA	PO BOX 6615	BOISE	ID	USA	83707	
SECRETARY	MARY ANNE	HANSEN	P0 BOX 6615	BOISE	ID	USA	83707	
DIRECTOR	MARY ANNE	HANSEN	PO BOX 6615	BOISE	ID	USA	83707	
DIRECTOR	JULIA PIERK	0	PO BOX 6615	BOISE	ID	USA	83707	
DIRECTOR	SCOTT MAC	CLEAN	PO BOX 6615	BOISE	ID	USA	83707	
5. Organized Under the Laws of:		6. Annual Repo	ort must be signed.*					
ID C 123975		Signature: Karla K. Rosa			Date: 04/13/2013			
		Name (type	or print): Karla K. Rosa		Title: Treasurer			
Processed 04/13/2013 * Electronically provided signatures are accepted as original signatures.								