

No. 82038	Idaho Corporation Annual Report Form Due No Later Than November 1, 1989		2. Registered Agent and Office JOHN P. WELLS 119 LLOYD DRIVE 319 Skyway Drive KETCHUM ID 83340																																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED NO SEC. OF STATE REQUIRED 89 AUG 16 PM 1 54	1. Mailing Address — Please Correct 82038		3. Incorporated Under The Laws of IDAHO NO: 82038																																					
	GREYHAWK MASTER ASSOCIATION, INC JOHN P. WELLS P. O. BOX 4506 228 SUN VALLEY ID 83353 Ketchum 83340																																							
4. Names and Addresses of Officers and Directors																																								
<table border="0"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Tom Hylton</td> <td>1 Park Plaza, Suite 1000</td> <td>Irvine, CA</td> <td>92714</td> <td></td> </tr> <tr> <td>Secretary:</td> <td>Colleen Stamper</td> <td>105-84th Avenue N.E.</td> <td>Bellevue, WA</td> <td>98004</td> <td></td> </tr> <tr> <td>Directors:</td> <td>Dick Fenton, V.P.</td> <td>Box 630</td> <td>Sun Valley, ID</td> <td>83353</td> <td></td> </tr> <tr> <td></td> <td>Colleen Stamper, Sec.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Tom Hylton, Pres.</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Tom Hylton	1 Park Plaza, Suite 1000	Irvine, CA	92714		Secretary:	Colleen Stamper	105-84th Avenue N.E.	Bellevue, WA	98004		Directors:	Dick Fenton, V.P.	Box 630	Sun Valley, ID	83353			Colleen Stamper, Sec.						Tom Hylton, Pres.				
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5. Nature of Business Condominium Association		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="0"> <tr> <td>Signature <input checked="" type="checkbox"/> <i>D. Fenton</i></td> <td>Date <input checked="" type="checkbox"/> 7-25-89</td> </tr> <tr> <td>Name (Typed or Printed) <input checked="" type="checkbox"/> DICK FENTON</td> <td>Title <input checked="" type="checkbox"/> VP</td> </tr> </table>			Signature <input checked="" type="checkbox"/> <i>D. Fenton</i>	Date <input checked="" type="checkbox"/> 7-25-89	Name (Typed or Printed) <input checked="" type="checkbox"/> DICK FENTON	Title <input checked="" type="checkbox"/> VP																																
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