| No. <b>C 73177</b>   |                  | Due no later than Jun 30, 2015   |                            | 2. Registered Agent and Address (NO PO BOX)  |       |         |             |
|--|------------------|--|----------------------------|--|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080             |                  | Annual Report Form  1. Mailing Address: Correct in this box if needed.  MOUNTAIN HOME MUNICIPAL DEVELOPMENT CORPORATION LISA J ANDERSON PO BOX 10 MOUNTAIN HOME ID 83647 |                            | JAY FRIEDLY 340 EAST 2ND NORTH MOUNTAIN HOME ID 83647  3. New Registered Agent Signature:* |       |         |             |
|  |                  |  |                            |  |       |         |             |
| 4. Corporations: Enter Na  | mes and Busin    |  |                            |  |       |         |             |
| Office Held  | Name             |  | Street or PO Address       | City   | State | Country | Postal Code |
| PRESIDENT  | LISA J ANDERSON  |  | 890 N 12 E                 | MOUNTAIN HOME  | ID    | USA     | 83647       |
| DIRECTOR   | TIFFANY BELT     |  | 528 NW DATE                | MOUNTAIN HOME  | ID    | USA     | 83647       |
| DIRECTOR   | PAULA RIGGS      |  | 5420 WEST DOUBLE ANCHOR DR | GLENNS FERRY   | ID    | USA     | 83623       |
| DIRECTOR   | CHRIS SCHETZLE   |  | 1780 NE CINDERLOOP         | MOUNTAIN HOME  | ID    | USA     | 83647       |
| DIRECTOR   | SUE MONASTERIO   |  | 280 E 14 N                 | MOUNTAIN HOME  | ID    | USA     | 83647       |
| SECRETARY  | LAURI M ERICKSON |  | 195 S 13 E                 | MOUNTAIN HOME  | ID    | USA     | 83647       |
| VICE PRESIDENT   | NINA L PAT       | TERSON   | 1025 E 13 N                | MOUNTAIN HOME  | ID    | USA     | 83647       |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*  |                            |  |       |         |             |
| ID<br>C 73177  |                  | Signature: LISA ANDERSON   |                            | Date: 07/13/2015   |       |         |             |
|  |                  | Name (type or print): LISA ANDERSON  |                            | Title: PRESIDENT   |       |         |             |
| Processed 07/13/2015 * Electronically provided signatures are accepted as original signatures. |                  |  |                            |  |       |         |             |