No. <b>C 179306</b>		Due no later than Jul 31, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		KIMBERLY A OLSON 3363 N LAKEHARBOR LN BOISE ID 83703			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.					
		CABELLA CREEK HOMEOWNERS ASSOCIATION, INC. KIMBERLEY A OLSON PO BOX 1324 EAGLE ID 83616		3. New Registered Agent Signature:*			
				5. <u></u> eg.ess. 5			
4. Corporations: Enter Na	ames and Busin	ess Addresses of Preside	ent, Secretary, and Directors. Treasure	r (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	AARON MEGEE		660 E. FRANKLIN RD. SUITE #140	MERIDIAN	ID	USA	83642
DIRECTOR	MARTY ARTIS REBECCA NIERODZ DENNISTON		660 E FRANKLIN RD STE 140	MERIDIAN	ID	USA	83642
DIRECTOR			660 E FRANKLIN RD STE 140	MERIDIAN	ID	USA	83642
5. Organized Under the I	Laws of:	6. Annual Report must	be signed.*				
5. Organized Under the L	Laws of:	6. Annual Report must Signature: Kimberle	<del>-</del>	Date	e: 06/16/20	09	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			y Olson		e: 06/16/20 e: Registere		