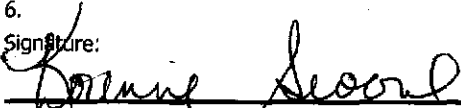
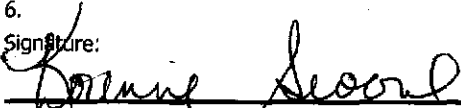
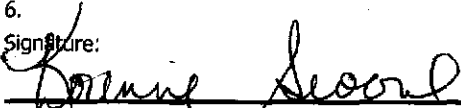


No. C 117886	Reinstatement Annual Report Form ADMIN DISSOLVED 04/10/2007		2. Registered Agent and Office (NOT A P.O. BOX) KORINNE T SWORD 14964 MASTERS DR CALDWELL ID 83607																												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. MASTERS SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC. 14964 MASTERS DR CALDWELL ID 83607		3. <u>New</u> Registered Agent Signature.																												
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Office Held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Mike Sword</td> <td>14964 Masters Dr.</td> <td>Caldwell</td> <td>ID</td> <td>Canyon</td> <td>83607</td> </tr> <tr> <td>Sec/Treasurer</td> <td>Korinne Sword</td> <td>14964 Masters Dr.</td> <td>Caldwell</td> <td>ID</td> <td>Canyon</td> <td>83607</td> </tr> <tr> <td>Vice Pres</td> <td>Bill Vollbrecht</td> <td>14928 Masters Dr.</td> <td>Caldwell</td> <td>ID</td> <td>Canyon</td> <td>83607</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Mike Sword	14964 Masters Dr.	Caldwell	ID	Canyon	83607	Sec/Treasurer	Korinne Sword	14964 Masters Dr.	Caldwell	ID	Canyon	83607	Vice Pres	Bill Vollbrecht	14928 Masters Dr.	Caldwell	ID	Canyon	83607
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