No. C 64002		Due no later than Jun 30, 2009 Annual Report Form		2. Registered Age	Registered Agent and Address (NO PO BOX) JAN BRELSFORD			
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MASTERS ASSOCIATION LTD. (THE) KIMBERLY OLSON 7000 W IRVING LANE BOISE ID 83704		BOISE ID 837	7000 W IRVING LANE BOISE ID 83704 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Ente	r Names and Busin	ess Addresses of P	resident, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	JOE D'ERRIC	0	6908 W IRVING LN	BOISE	ID	USA	83704	
DIRECTOR	DEBBIE HERBERT		6831 W IRVING LN	BOISE	ID	USA	83704	
DIRECTOR	MEG KEENAN		6914 W IRVING LN	BOISE	ID	USA	83704	
DIRECTOR	PERRY LEE		7004 W IRVING LN	BOISE	ID	USA	83704	
DIRECTOR	STEPHANIE FOX		6955 W IRVING LN	BOISE	ID	USA	83704	
DIRECTOR	SAM CRAWFORD		108 S HAZELWOOD DR	COEUR D'ALENE	ID	USA	83814	
DIRECTOR	FRAN FRANK		6825 W IRVING LN	BOISE	ID	USA	83704	
DIRECTOR	OR JAYNE CHASE		6971 WEST IRVING LANE	BOISE	ID	USA	83704	
DIRECTOR	MELVA PAT	ΓERSON	7007 W IRVING LN	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 64002		Signature: Kimberly Olson			Date: 07/20/2009			
		Name (type or print): Kimberly Olson			Title: Manager			
Processed 07/20/2009	9	* Electronically pro	vided signatures are accepted as original	l signatures.				