

|  |                  |  |          |  |         |             |  |
|--|------------------|--|----------|--|---------|-------------|--|
| No. <b>C 161762</b>  |                  | <b>Due no later than Jul 31, 2009</b>  |          | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b>  |          | DEMAR C BURNETT<br>PO BOX 1250<br>CASCADE ID 83611 |         |             |  |
|  |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br>WHISPERING PINES SUBDIVISION NO. 1 HOMEOWNERS'<br>ASSOCIATION, INC.<br>DEMAR C BURNETT<br>1010 W. STATE ST<br>MERIDIAN ID 83642 |          | 3. <u>New</u> Registered Agent Signature:*         |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                  |  |          |  |         |             |  |
| Office Held  | Name             | Street or PO Address   | City     | State  | Country | Postal Code |  |
| DIRECTOR   | SHARON J BURNETT | 1010 W. STATE ST   | MERIDIAN | ID   | USA     | 83642       |  |
| SECRETARY  | KRISTY L BURNETT | 13 N. SEABISCUIT AVE   | NAMPA    | ID   | USA     | 83687       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 161762</b>  |                  | 6. Annual Report must be signed.*<br>Signature: kristy Burnett<br>Name (type or print): kristy Burnett<br>Date: 05/31/2009<br>Title: Secretary   |          |  |         |             |  |
| Processed 05/31/2009   |                  | * Electronically provided signatures are accepted as original signatures.  |          |  |         |             |  |