| No. <b>C 61794</b>   |   | D   | 2. Registered Age                             | 2. Registered Agent and Address (NO PO BOX)                             |                     |         |             |
|--|---|---|---|---|---------------------|---------|-------------|
| Return to:   |   | Annual Report Form  |   |   | CHARLES C DONALDSON |         |             |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |   | 1. Mailing Address: Correct in this box if needed.  SAGEHILL HOMEOWNERS ASSOCIATION, INC. CHARLES C DONALDSON PO BOX 1683 SUN VALLEY ID 83353 |   | 660 2ND AVE SOUTH KETCHUM ID 83340  3. New Registered Agent Signature:* |                     |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |   |   |   |   |                     |         |             |
| 4. Corporations: Enter Na  | mes and Busin   | ess Addresses of  | President, Secretary, and Directors. Treasure | er (optional).  |                     |         |             |
| Office Held  | Name  |   | Street or PO Address                          | City  | State               | Country | Postal Code |
| DIRECTOR   | KRISTEN L. JARVIS   |   | 22315 SE 20TH STREET                          | SAMMAMISH   | WA                  | USA     | 98075       |
| TREASURER RICHARD FLOR   |   |   | P.O. BOX 6202                                 | SUN VALLEY  | ID                  | USA     | 83354       |
| PRESIDENT GRAYDON BU   |   |   | P.O. BOX 2804                                 | KETCHUM   | ID                  | USA     | 83340       |
| DIRECTOR JON WAGNIL  |   |   | 984 W. BOGUS VIEW COURT                       | EAGLE   | ID                  | USA     | 83616       |
| DIRECTOR BRUCE ALLE  |   |   | 7790 80TH PLACE SE                            | MERCER ISLAND   | WA                  | USA     | 98040       |
| SECRETARY  | KEITH SAKS  |   | P.O. BOX 4667                                 | KETCHUM   | ID                  | USA     | 83340       |
| 5. Organized Under the Laws of:  |   | 6. Annual Report must be signed.*   |   |   |                     |         |             |
| ID   |   | Signature: Charles Donaldson  |   |   | Date: 07/12/2013    |         |             |
| C 61794  |   | Name (type or print): Charles Donaldson   |   |   | Title: Manager      |         |             |
| Processed 07/12/2013   | * Electronically provided signatures are accepted as original signatures. |   |   |   |                     |         |             |