

No. C 56324		Due no later than Aug 31, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: 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. MOUNTAIN SHADOWS IMPROVEMENT ASSOCIATION, INC. HOWARD M NEILL 8232 SR 27 PULLMAN WA 99163		SARAH THOMPSON 20740 WATSON RD COEUR D'ALENE ID 83814		
				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
TREASURER	LISA SHOOP	8715 W. 1ST PLACE	KENNEWICK	WA	USA	99336
DIRECTOR	SARAH THOMPSON	20740 S. WATSON ROAD	COEUR D ALENE	ID	USA	83814
DIRECTOR	LISA SHOOP	8715 W. 1ST PLACE	KENNEWICK	WA	USA	99336
DIRECTOR	HOWARD M. NEILL	8232 SR 27	PULLMAN	WA	USA	99163
SECRETARY	LISA SHOOP	8715 W. 1ST PLACE	KENNEWICK	WA	USA	99336
PRESIDENT	HOWARD M NEILL	8232 SR 27	PULLMAN	WA	USA	99163
5. Organized Under the Laws of: ID C 56324		6. Annual Report must be signed.* Signature: Howard M. Neill Name (type or print): Howard M. Neill		Date: 06/17/2009 Title: President		
Processed 06/17/2009		* Electronically provided signatures are accepted as original signatures.				