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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------|---------|-----------------------|--|
| No. <b>C 190613</b>                                                                                                                                    |                    | <b>Due no later than Mar 31, 2014</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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>BRASSY COVE PROPERTY OWNERS ASSOCIATION, INC.<br>DOUGLAS R MCMASTER<br>16166 N 20TH STREET<br>NAMPA ID 83687 |           | DOUGLAS R MCMASTER<br>16166 N 20TH STREET<br>NAMPA ID 83687 |         |                       |  |
|                                                                                                                                                        |                    |                                                                                                                                                                                                                |           | 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                                                                                                                                               | DOUGLAS R MCMASTER | 16166 N 20TH STREET                                                                                                                                                                                            | NAMPA     | ID                                                          | USA     | 83687                 |  |
| DIRECTOR                                                                                                                                               | DAVE W TURNER      | 10248 TURNER DRIVE                                                                                                                                                                                             | MIDDLETON | ID                                                          | USA     | 83644                 |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                                                                                                              |           |                                                             |         |                       |  |
| <b>ID<br/>C 190613</b>                                                                                                                                 |                    | Signature: Sharilyn Jeffords                                                                                                                                                                                   |           |                                                             |         | Date: 03/07/2014      |  |
|                                                                                                                                                        |                    | Name (type or print): Sharilyn Jeffords                                                                                                                                                                        |           |                                                             |         | Title: Office Manager |  |
| Processed 03/07/2014                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                                                      |           |                                                             |         |                       |  |