| No. C 175652 | | D | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|-----------------|---|--|---|--|---------|-------------|--|
| Return to: | | Annual Report Form | | EDWARD . | EDWARD J MASON | | | |
| 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. SETTLEMENT BRIDGE SUBDIVISION NO. 5 OWNERS ASSOCIATION, INC. EDWARD J MASON 1883 N WILDWOOD ST BOISE ID 83713 | | | 1883 N WILDWOOD ST | | | |
| | | | | ROIZE ID | BOISE ID 83713 | | | |
| | | | | 3. <u>New</u> Regist | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4. Corporations: Enter | Names and Busin | ness Addresses of | President, Secretary, and Directors. Treasu | urer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR | EDWARD J MASON | | 1883 N WILDWOOD ST | BOISE | ID | USA | 83713 | |
| DIRECTOR STEVEN SCI | | HRADER | 1883 N WILDWOOD ST | BOISE | ID | USA | 83713 | |
| | | | | | | | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: E | | Date: 11/25/2009 | | | | |
| C 175652 | | Name (type o | | Title: Director | | | | |
| Processed 11/25/2009 | | * Flectronically i | provided signatures are accepted as original | Leignatures | | | | |