| No. <b>C 91535</b>   |                    | Due no later than Feb 28, 2015   |                           | 2. Registered         | 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 DLE DATE |                    | Annual Report Form  1. Mailing Address: Correct in this box if needed.  THUNDER MEADOWS OWNERS' ASSOCIATION, INC. MELISSA S. ELKINS PO BOX 4786 KETCHUM ID 83340 USA |                           | 117 MEADO<br>HAILEY 8 | SHEILA LIERMANN 117 MEADOWBROOK RD HAILEY 83333  3. New 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 |  |
| VICE PRESIDENT   | LINN KINCAN        | NON  | 101 MEADOWBROOK RD.       | HAILEY                | ID   | USA     | 83333       |  |
| SECRETARY  | MELISSA ELK        |  | 102 MEADOWBROOK RD.       | HAILEY                | ID   | USA     | 83333       |  |
| DIRECTOR   | BOB SHAW           |  | 109 MEADOWBROOK RD.       | HAILEY                | ID   | USA     | 83333       |  |
| DIRECTOR STEPHEN GA  |                    | ARDNER   | 107 MEADOWBROOK RD.       | HAILEY                | ID   | USA     | 83333       |  |
| PRESIDENT  | PRESIDENT JAN MAIN |  | 113 MEADOWBROOK RD.       | HAILEY                | ID   | USA     | 83333       |  |
| DIRECTOR   | BRIAN WEBE         | BER  | 110 THUNDER RD.           | HAILEY                | ID   | USA     | 83333       |  |
| 5. Organized Under the Laws of:  |                    | 6. Annual Report must be signed.*  |                           |                       |  |         |             |  |
| ID   |                    | Signature: Melissa Elkins  |                           |                       | Date: 02/23/2015   |         |             |  |
| C 91535  |                    | Name (type   | or print): Melissa Elkins | Title: Secretary      |  |         |             |  |
| Processed 02/23/2015 * Electronically provided signatures are accepted as original signatures.                             |                    |  |                           |                       |  |         |             |  |