

No. C 116065	Due no later than Aug 31, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX TIM HELGERSON MARTY BARKER 3517 TAYTEN DR 3815 Ringneck Dr NAMPA, ID 83686																								
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 applicable PHEASANT HOLLOW HOMEOWNERS ASSOCIAT 3510 RINGNECK DR 3704 Ringneck Dr NAMPA, ID 83686	3. New Registered Agent Signature Marty Barker																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>DIRECTOR</td> <td>MARTY BARKER</td> <td>- 3815 RINGNECK DR.</td> <td>NAMPA</td> <td>ID</td> <td>83686</td> </tr> <tr> <td>DIRECTOR</td> <td>JON BEALS</td> <td>- 3407 TAYTEN DR.</td> <td>NAMPA</td> <td>ID</td> <td>83686</td> </tr> <tr> <td>SEC/TRES.</td> <td>CAROLINE ARLEN</td> <td>- 3704 RINGNECK DR.</td> <td>NAMPA</td> <td>ID.</td> <td>83686</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	DIRECTOR	MARTY BARKER	- 3815 RINGNECK DR.	NAMPA	ID	83686	DIRECTOR	JON BEALS	- 3407 TAYTEN DR.	NAMPA	ID	83686	SEC/TRES.	CAROLINE ARLEN	- 3704 RINGNECK DR.	NAMPA	ID.	83686
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5. Organized Under the Laws of: IDAHO C 116065	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Signature Marty Barker</td> <td style="width: 50%;">Date 8/26/02</td> </tr> <tr> <td>Name (Typed or Printed) MARTY BARKER</td> <td>Title _____</td> </tr> </table>		Signature Marty Barker	Date 8/26/02	Name (Typed or Printed) MARTY BARKER	Title _____																				
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