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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------|---------|-------------|--|
| No. <b>C 172411</b>                                                                                                                                    |                   | <b>Due no later than Apr 30, 2011</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>DAKOTA PARK OWNERS ASSOCIATION, INC.<br>WILLIAM R ROBINETTE<br>1677 E MILES AVE<br>HAYDEN LAKE ID 83835<br>USA |             | WILLIAM R ROBINETTE<br>1677 E MILES AVE<br>HAYDEN LAKE ID 83835 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                                                                                  |             | 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                                                                                                                                               | MARY ROBINETTE    | 1677 E MILES AVE                                                                                                                                                                                                 | HAYDEN LAKE | ID                                                              | USA     | 83835       |  |
| DIRECTOR                                                                                                                                               | WILLIAM DOUGHERTY | 802 LINCOLN ST                                                                                                                                                                                                   | POST FALLS  | ID                                                              | USA     | 83854       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 172411</b>                                                                                          |                   | 6. Annual Report must be signed.*<br>Signature: WR Robinette<br>Name (type or print): WR Robinette<br>Date: 02/08/2011<br>Title: Manager                                                                         |             |                                                                 |         |             |  |
| Processed 02/08/2011                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                                                        |             |                                                                 |         |             |  |