

July 26, 1994

BEST HILL MEADOWS OWNERS, INC.  
MARK MICHELAK  
2757 WHITE PINE DR  
COEUR D'ALENE ID 83814

RE: BEST HILL MEADOWS OWNERS, INC. File Number C 99917

Dear Mr. Michelak:

Please find enclosed your recently submitted annual report for the 1994-1995 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

We return the annual report and ask that the names of the corporate officers, as well as the directors, be shown on the report. If the corporation has not elected officers, please hold the annual report until the election has been held. So long as the report is filed before November 1, 1994, the corporation will remain in good standing.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 334-2301.

Very truly yours,

Tonya Herold  
Corporate Division

Enclosures: cited

ISSUED: 07-05-1994

| No. 99917   | <b>Idaho Corporation Annual Report Form</b><br>Due No Later Than November 1, 1994                                       |  | 2. Registered Agent and Office<br>MARKEN — MICHALAK<br>2757 WHITE PINE DR<br>COEUR D'ALENE ID 83814 |            |                 |                               |                               |              |            |   |  |  |  |  |
|---|---|--|---|------------|-----------------|-------------------------------|-------------------------------|--------------|------------|---|--|--|--|--|
| Return To<br><b>Secretary of State</b><br><b>Room 203, Statehouse</b><br><b>P.O. BOX 83720</b><br><b>Boise, ID 83720-0080</b><br>* FIRST NOTICE *<br>NO FEE REQUIRED  | 1. Mailing Address —<br>BEST HILL MEADOWS OWNERS, INC.<br>MARK MICHELAK<br>2757 WHITE PINE DR<br>COEUR D'ALENE ID 83814 |  | 3. Incorporated Under The Laws<br>of ID<br>NO: 99917  |            |                 |                               |                               |              |            |   |  |  |  |  |
| 4. Names and Addresses of Officers and Directors <b>MUST BE PRINTED OR TYPED</b>  |   |  |   |            |                 |                               |                               |              |            |   |  |  |  |  |
| <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: center;"><u>Name</u></th> <th style="text-align: center;"><u>Street or P.O. Address</u></th> <th style="text-align: center;"><u>City</u></th> <th style="text-align: center;"><u>State</u></th> <th style="text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center; padding: 20px;">           President:<br/>           Secretary:<br/>           Directors:           <div style="margin-top: 20px;">PLEASE SEE ATTACHED LETTER OF DESCRIPTION</div> </td> </tr> </tbody> </table> |   |  |   |            | <u>Name</u>     | <u>Street or P.O. Address</u> | <u>City</u>                   | <u>State</u> | <u>Zip</u> | President:<br>Secretary:<br>Directors: <div style="margin-top: 20px;">PLEASE SEE ATTACHED LETTER OF DESCRIPTION</div> |  |  |  |  |
| <u>Name</u>   | <u>Street or P.O. Address</u>   | <u>City</u>  | <u>State</u>  | <u>Zip</u> |                 |                               |                               |              |            |   |  |  |  |  |
| President:<br>Secretary:<br>Directors: <div style="margin-top: 20px;">PLEASE SEE ATTACHED LETTER OF DESCRIPTION</div>   |   |  |   |            |                 |                               |                               |              |            |   |  |  |  |  |
| 5. Nature of Business<br>HOMEOWNERS ASSOCIATION   |   | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br><table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Signature _____</td> <td style="width: 40%;">Date _____</td> </tr> <tr> <td>Name (Typed or Printed) _____</td> <td>Title _____</td> </tr> </table> |   |            | Signature _____ | Date _____                    | Name (Typed or Printed) _____ | Title _____  |            |   |  |  |  |  |
| Signature _____   | Date _____  |  |   |            |                 |                               |                               |              |            |   |  |  |  |  |
| Name (Typed or Printed) _____   | Title _____   |  |   |            |                 |                               |                               |              |            |   |  |  |  |  |