

|                                                                                                                                                        |              |                                                                                                      |         |                                                     |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------|------------------|-------------|--|
| No. <b>C 126363</b>                                                                                                                                    |              | <b>Due no later than Nov 30, 2010</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>                                                                            |         | WAYNE P FULLER<br>1092 LOAFER LN<br>WEISER ID 83672 |                  |             |  |
|                                                                                                                                                        |              | <b>1. Mailing Address: Correct in this box if needed.</b>                                            |         | 3. <u>New</u> Registered Agent Signature:*          |                  |             |  |
|                                                                                                                                                        |              | VALLEY VIEW CABIN OWNERS ASSOCIATION, INC.<br>JANE L. ROSEN<br>PO BOX 3271<br>HAILEY ID 83333<br>USA |         |                                                     |                  |             |  |
| 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 |  |
| PRESIDENT                                                                                                                                              | ROBERT NOYES | PO BOX 76                                                                                            | KETCHUM | ID                                                  | USA              | 83340       |  |
| SECRETARY                                                                                                                                              | JANE L ROSEN | PO BOX 3271                                                                                          | HAILEY  | ID                                                  | USA              | 83333       |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                    |         |                                                     |                  |             |  |
| <b>ID<br/>C 126363</b>                                                                                                                                 |              | Signature: Jane Rosen                                                                                |         |                                                     | Date: 09/10/2010 |             |  |
|                                                                                                                                                        |              | Name (type or print): Jane Rosen                                                                     |         |                                                     | Title: Secretary |             |  |
| Processed 09/10/2010                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                            |         |                                                     |                  |             |  |