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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------|---------|-------------|
| No. <b>C 138016</b>                                                                                                                                    | <b>Due no later than Mar 31, 2016</b><br><b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>                                                              |                                                                                                        | MATT M MORGAN<br>5145 S HEYREND DR<br>IDAHO FALLS ID 83402 |                                      |         |             |
|                                                                                                                                                        | CHANTILLY PROFESSIONAL PARK OWNERS ASSOCIATION,<br>INC.<br>KATHY HENINGER<br>3375 MERLIN DRIVE<br>IDAHO FALLS ID 83404 |                                                                                                        | 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 |
| PRESIDENT                                                                                                                                              | KATHY HENINGER                                                                                                         | 3375 MERLINE DRIVE                                                                                     | IDAHO FALLS                                                | ID                                   | USA     | 83404       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 138016</b>                                                                                          |                                                                                                                        | 6. Annual Report must be signed.*<br>Signature: Kathy Heninger<br>Name (type or print): Kathy Heninger |                                                            | Date: 03/02/2016<br>Title: President |         |             |
| Processed 03/02/2016                                                                                                                                   |                                                                                                                        | * Electronically provided signatures are accepted as original signatures.                              |                                                            |                                      |         |             |