

No. C 86965	Due no later than Jun 30, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DAVID H. SCHOONEN 1364 12TH STREET IDAHO FALLS ID 83404
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ELKHORN PLACER OWNERS ASSOCIATION, INC. DAVID H. SCHOONEN 1364 12TH STREET IDAHO FALLS ID 83404		3. <u>New</u> Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
(PRESIDENT)	*Todd L. Johnson	1196 October Cove	Shelley,	ID		83274 USA
	*Lyle Munk	P.O. Box 244	Moreland,	ID		83256 USA
(TREASURER)	*Donna Munk	"	"	"		USA
	*David H. Schoonen	1364 12 th St.	Idaho Falls,	ID		83404 USA
	*Helen B. Schoonen	"	"	"		USA
	*L. Clyel Berry	P.O. Box 302	Kimberly,	ID		83303-0302 USA
	*Jill Berry	"	"	"		USA
	*Alan Roberts	Box 151	Sundance,	WY		82729 USA
	*Cleo Roberts	"	"	"		USA

5. * (DIRECTORS) IDAHO C 86965	6. Signature: <u></u> Date: <u>6/4/2013</u> Name (type or print): <u>David Schoonen</u> Title: <u>Director & Vice President</u>
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Issued 04/25/2013 by DK1
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM