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|--|------------------|---|-------|---|---------|------------------|--|
| No. C 166213 | | Due no later than Apr 30, 2011 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. SOUTHPARK HOMEOWNERS ASSOCIATION, INC. BRIAN K WILSON 6171 E CUTTING HORSE DR KUNA ID 83634 | | BRIAN K WILSON 6171 E. CUTTING HORSE DR KUNA ID 83634 | | | |
| | | | | 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 | KRISTIN L WILSON | 6171 E. CUTTING HORSE DR. | KUNA | ID | USA | 83634 | |
| DIRECTOR | BEN L WILSON | 4499 S CLOVERDALE RD | BOISE | ID | USA | 83709 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 166213 | | Signature: Brian K. Wilson | | | | Date: 02/08/2011 | |
| | | Name (type or print): Brian K. Wilson | | | | Title: President | |
| Processed 02/08/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | |