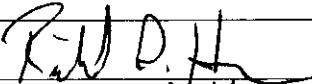
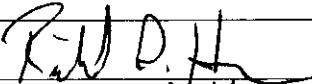
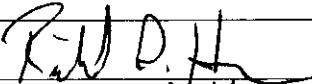


No. C 130564	Due no later than September 30, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX RICHARD D HAZEN 721 N MAIN BELLEVUE, ID 83313																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CHANTRELLE SUBDIVISION OWNERS ASSOC PO BOX 94 BELLEVUE, ID 83313	3. <u>New</u> Registered Agent Signature																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; font-size: small;">Office held</th> <th style="text-align: left; font-size: small;">Name</th> <th style="text-align: left; font-size: small;">Street or P.O. Address</th> <th style="text-align: left; font-size: small;">City</th> <th style="text-align: left; font-size: small;">State</th> <th style="text-align: left; font-size: small;">Zip</th> </tr> </thead> <tbody> <tr> <td>Pres/Sec</td> <td>Richard D. Hazen</td> <td>1356 Julie Lane</td> <td>Tim Falls,</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Vice Pres/Treas.</td> <td>Maxine Hazen</td> <td>413 Salmon St. W.</td> <td>Hagerman</td> <td>ID</td> <td>83332</td> </tr> <tr> <td>Director</td> <td>Randall L. Hazen</td> <td>1304 Tangle Lee</td> <td>Tim Falls,</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Pres/Sec	Richard D. Hazen	1356 Julie Lane	Tim Falls,	ID	83301	Vice Pres/Treas.	Maxine Hazen	413 Salmon St. W.	Hagerman	ID	83332	Director	Randall L. Hazen	1304 Tangle Lee	Tim Falls,	ID	83301
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