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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------|-------------------------|-------------|--|
| No. <b>C 195423</b>                                                                                                                                    |              | <b>Due no later than Jul 31, 2015</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>                                                                                                                                                  |       | JEFFERY HESS<br>855 BROAD ST SUITE 300<br>BOISE ID 83702 |                         |             |  |
|                                                                                                                                                        |              | <b>1. Mailing Address: Correct in this box if needed.</b><br>TRAILBLAZER HEIGHTS HOME OWNERS ASSOCIATION, INC.<br>JEFFERY HESS<br>855 BROAD ST SUITE 300<br>BOISE ID 83702 |       | 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                                                                                                                                               | MATT HAWKINS | 855 BROAD ST SUITE 300                                                                                                                                                     | BOISE | ID                                                       | USA                     | 83702       |  |
| DIRECTOR                                                                                                                                               | GARY HAWKINS | 855 BROAD ST SUITE 300                                                                                                                                                     | BOISE | ID                                                       | USA                     | 83702       |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                                                          |       |                                                          |                         |             |  |
| <b>ID<br/>C 195423</b>                                                                                                                                 |              | Signature: Jeffery Hess                                                                                                                                                    |       |                                                          | Date: 05/26/2015        |             |  |
|                                                                                                                                                        |              | Name (type or print): Jeffery Hess                                                                                                                                         |       |                                                          | Title: Registered Agent |             |  |
| Processed 05/26/2015                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                  |       |                                                          |                         |             |  |