

|                                                                                                                                                        |                   |                                                                                                                                                                                  |             |                                                            |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------|---------|-------------|--|
| No. <b>C 167819</b>                                                                                                                                    |                   | <b>Due no later than Jul 31, 2011</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><br><br>SOLSTICE HOMEOWNERS ASSOCIATION, INC.<br>GARY L. VOIGT<br>900 PIER VIEW DR. #204<br>IDAHO FALLS ID 83402<br>USA |             | GARY L VOIGT<br>1908 JENNIE LEE DR<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 |  |
| DIRECTOR                                                                                                                                               | ERIC C GUANELL    | 900 PIER VIEW DR.                                                                                                                                                                | IDAHO FALLS | ID                                                         | USA     | 83402       |  |
| DIRECTOR                                                                                                                                               | C TIMOTHY HOPKINS | 428 PARK AVE                                                                                                                                                                     | IDAHO FALLS | ID                                                         | USA     | 83402       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 167819</b>                                                                                          |                   | 6. Annual Report must be signed.*<br>Signature: Gary L. Voigt<br>Name (type or print): Gary L. Voigt<br>Date: 05/19/2011<br>Title: Mgr.                                          |             |                                                            |         |             |  |
| Processed 05/19/2011                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                        |             |                                                            |         |             |  |