No. <b>C 155937</b>		Due no later than Aug 31, 2009		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			KIMBERLY OLSON			
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.  DEHAVILAND SQUARE SUBDIVISION HOMEOWNERS ASSOCIATION, INC. KIM OLSON PO BOX 1324 EAGLE ID 83616 USA			3363 N LAKEHARBOR LN BOISE ID 83703			
					3. <u>New</u> Registered Agent Signature:*			
				3. New Registe				
4. Corporations: Enter Na	ames and Busin	ess Addresses of	President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	BERNICE HAMMERQUIST		9222 W CASCADE ST	BOISE	ID	USA	83704	
DIRECTOR			9211 W OLIVIA ST	BOISE	ID	USA	83704	
DIRECTOR	TERRY JONES		5888 SANDY AVE	EMMETT	ID	USA	83617	
DIRECTOR	CONNIE DIXON		9300 W CASCADE ST	BOISE	ID	USA	83704	
5. Organized Under the Laws of: 6. A		6. Annual Report must be signed.*						
ID		Signature: Kim Olson		Date: 06	Date: 06/15/2009			
C 155937		Name (type or print): Kim Olson		Title: R	Title: Registered Agent			
Processed 06/15/2009 * Electronically provided signatures are accepted as original signatures.								