

No. C 96860		Due no later than November 30, 2006 Annual Report Form		2. Registered Agent and Office 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 applicable		KEITH C NICKISCH 520 CEDAR SANDPOINT, ID 83864																																											
		HIGHLAND VILLAGE CONDOMINIUMS, INC. PO BOX 773 SANDPOINT, ID 83864		3. <u>New</u> Registered Agent Signature																																											
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																																															
<table><thead><tr><th>Office held</th><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>PRES.</td><td>William Alexander</td><td>P.O. Box 2501</td><td>SANDPOINT</td><td>ID</td><td>83864</td></tr><tr><td>VP</td><td>Roger Rouleau</td><td>23506 E. BROADWAY</td><td>LIBERTY LAKE</td><td>WA</td><td>99019</td></tr><tr><td>Sec.</td><td>Grant Mackern</td><td>P.O. Box 20100</td><td>SPOKANE</td><td>WA</td><td>99204</td></tr><tr><td>TREAS.</td><td>Edwin Haglund</td><td>PO Box 3762</td><td>COEUR D'ALENE</td><td>ID</td><td>83816</td></tr><tr><td>Dir</td><td>Tom Engle</td><td>4531 INVERNESS DR</td><td>POEST FALLS</td><td>ID</td><td>83854</td></tr><tr><td>Dir</td><td>Julie Matthews</td><td>PO Box 30002</td><td>SPOKANE</td><td>WA</td><td>99223</td></tr></tbody></table>						Office held	Name	Street or P.O. Address	City	State	Zip	PRES.	William Alexander	P.O. Box 2501	SANDPOINT	ID	83864	VP	Roger Rouleau	23506 E. BROADWAY	LIBERTY LAKE	WA	99019	Sec.	Grant Mackern	P.O. Box 20100	SPOKANE	WA	99204	TREAS.	Edwin Haglund	PO Box 3762	COEUR D'ALENE	ID	83816	Dir	Tom Engle	4531 INVERNESS DR	POEST FALLS	ID	83854	Dir	Julie Matthews	PO Box 30002	SPOKANE	WA	99223
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5. Organized Under the Laws of: IDAHO C 96860		6. Signature <u>W. J. Alexander</u> Date <u>9/27/06</u> Name (Typed or Printed) _____ Title _____																																													

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