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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------|---------|-------------|--|
| No. <b>C 118537</b>                                                                                                                                    |             | <b>Due no later than Mar 31, 2014</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>ENGLEWOOD CREEK SUBDIVISION PROPERTY OWNERS<br>ASSOCIATION, INC.<br>PO BOX 1090<br>MERIDIAN ID 83680 |          | MICHAEL FARLOW<br>850 E. FRANKLIN RD. STE 416<br>MERIDIAN ID 83642 |         |             |  |
|                                                                                                                                                        |             |                                                                                                                                                                   |          | 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                                                                                                                                               | BROCK WEDOW | PO BOX 1090                                                                                                                                                       | MERIDIAN | ID                                                                 | USA     | 83680       |  |
| DIRECTOR                                                                                                                                               | LISA PAUL   | PO BOX 1090                                                                                                                                                       | MERIDIAN | ID                                                                 | USA     | 83680       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 118537</b>                                                                                          |             | 6. Annual Report must be signed.*<br>Signature: Michael Farlow<br>Name (type or print): Michael Farlow                                                            |          |                                                                    |         |             |  |
|                                                                                                                                                        |             | Date: 05/08/2014<br>Title: Agent                                                                                                                                  |          |                                                                    |         |             |  |
| Processed 05/08/2014                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                         |          |                                                                    |         |             |  |