

|                                                                                                                                                        |                   |                                                                                                                                                                                            |      |                                                               |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------|---------|------------------|--|
| No. <b>C 156155</b>                                                                                                                                    |                   | <b>Due no later than Aug 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>1. Mailing Address: Correct in this box if needed.</b><br><br>FENIX RANCHETTE ESTATES HOMEOWNERS' ASSOCIATION,<br>INC.<br>ANITA FENIX<br>11535 W. FLOATING FEATHER RD.<br>STAR ID 83669 |      | ANITA FENIX<br>11535 W. FLOATING FEATHER RD.<br>STAR ID 83669 |         |                  |  |
|                                                                                                                                                        |                   |                                                                                                                                                                                            |      | 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                                                                                                                                               | ANITA FENIX       | 11535 W. FLOATING FEATHER RD.                                                                                                                                                              | STAR | ID                                                            | USA     | 83669            |  |
| DIRECTOR                                                                                                                                               | TRENA FENIX-SATO  | 11535 W. FLOATING FEATHER RD.                                                                                                                                                              | STAR | ID                                                            | USA     | 83669            |  |
| DIRECTOR                                                                                                                                               | LORI FENIX-MURRAY | 1540 WILD MUSTANG                                                                                                                                                                          | STAR | ID                                                            | USA     | 83669            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                                                                          |      |                                                               |         |                  |  |
| <b>ID<br/>C 156155</b>                                                                                                                                 |                   | Signature: anita fenix                                                                                                                                                                     |      |                                                               |         | Date: 06/23/2015 |  |
|                                                                                                                                                        |                   | Name (type or print): anita fenix                                                                                                                                                          |      |                                                               |         | Title: director  |  |
| Processed 06/23/2015                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                                  |      |                                                               |         |                  |  |