| No. <b>C 170185</b>  |          | Due no later than Dec 31, 2015   |  | 2. Registered Agent and Address (NO PO BOX)                                    |       |         |             |
|--|----------|--|--|--|-------|---------|-------------|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080            |          | Annual Report Form  1. Mailing Address: Correct in this box if needed.  LOST CREEK ESTATES HOMEOWNERS' ASSOCIATION, INC.  TRACY M WALDO  27769 W HWY 53  HAUSER ID 83854 |  | NORM WALDO 27769 W HWY 53 HAUSER ID 83854  3. New Registered Agent Signature:* |       |         |             |
| NO FILING FEE IF RECEIVED BY DUE DATE  |          | Addusses of Dusside  | Complete Com | (costi cost)   |       |         |             |
| 2000   |          | ess Addresses of Preside   | nt, Secretary, and Directors. Treasurer  |  |       |         |             |
| Office Held  | Name     |  | Street or PO Address   | City   | State | Country | Postal Code |
| DIRECTOR TRACY M W   |          |  | 27769 W HWY 53   | HAUSER   | ID    | USA     | 83854       |
| DIRECTOR CHUCK HUGH  |          | HES  | 1924 NORTHWEST BLVD  | COEUR D'ALENE  | ID    | USA     | 83814       |
| DIRECTOR   | NORMAN G | WALDO  | 27769 W HWY 53   | HAUSER   | ID    | USA     | 83854       |
| 5. Organized Under the Laws of:  |          | 6. Annual Report must l  |  |  |       |         |             |
| ID   |          | Signature: Norm Waldo  |  | Date: 10/13/2015   |       |         |             |
| C 170185   |          | Name (type or print): Norm Waldo   |  | Title: Director  |       |         |             |
| Processed 10/13/2015 * Electronically provided signatures are accepted as original signatures. |          |  |  |  |       |         |             |