| Entropy and the Control of the Contr | | ater than Feb 28, 2010 | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|--------------------------------------|------------------|--|---------|-------------|--|
| Return to: | Annual Report Form | | | JIM MCMILLAN 24820 HOMEDALE RD | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. HOMEDALE NEIGHBORHOOD INC. PO BOX 512 HOMEDALE ID 83628 | | WILDER ID | WILDER ID 83676 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF | | | | 3. <u>New</u> Registered Agent Signature. | | | |
| RECEIVED BY DUE DATE | | | | | | | |
| 4. Corporations: Enter Names and Busin | ess Addresses of Preside | nt, Secretary, and Directors. Treasu | rer (optional). | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR MIKEAL D F | CTOR MIKEAL D PARKER | | HOMEDALE | ID | USA | 83628 | |
| DIRECTOR MARY JO LARZELIER | | 17287 GARNET RD | WILDER | ID | USA | 83676 | |
| DIRECTOR LUCY ASUMDENDI | | PO BOX 103 | HOMEDALE | ID | USA | 83628 | |
| DIRECTOR LESLIE PARKER | | 5462 Y RD | HOMEDALE | ID | USA | 83628 | |
| DIRECTOR MARK ASUMENDI | | PO BOX 441 | HOMEDALE | ID | USA | 83628 | |
| DIRECTOR VAL ASUMENDI | | PO BOX 441 | HOMEDALE | ID | USA | 83628 | |
| DIRECTOR DOUG LARZELIER | | PO BOX 17287 GARNET RD | WILDER | ID | USA | 83676 | |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | | |
| ID Signature: Jim McMilla | | | Date: 01/15/2010 | | | | |
| C 153082 Name (type or print): | | | | Title: Director | | | |
| Processed 01/15/2010 * Electronically provided signatures are accepted as original signatures. | | | | | | | |