

## INSTRUCTIONS ON REVERSE SIDE

|                      |                                                          |                                               |
|----------------------|----------------------------------------------------------|-----------------------------------------------|
| No. 51503            | Idaho Corporation Annual Report Form                     | 2. Registered Agent and Office NOT A P.O. BOX |
| Return To            | Due No Later Than November 1, 1991                       | LORAIN A KNIGGE                               |
| Secretary of State   | 1. Mailing Address: <i>Please Correct If Not Correct</i> | 16065 LATAH DRIVE                             |
| Room 203, Statehouse | KARCHER ACRES PROPERTY OWNE                              | NAMPA ID 83651                                |
| Boise, ID 83720      | L KNIGGE                                                 | 3. Incorporated Under The Laws                |
| NO FEE REQUIRED      | 16065 LATAH DRIVE                                        | of ID                                         |
|                      | NAMPA ID 83651                                           | NO: 051503                                    |

## 4. Names and Addresses of Officers and Directors

|            | Name           | Street or P.O. Address | City  | State | Zip   |
|------------|----------------|------------------------|-------|-------|-------|
| President: | Katie Salmon   | 11314 Hall Dr          | Nampa | Id    | 83651 |
| Secretary: | Loraine Knigge | 16045 Latah Dr         | Nampa | Id    | 83651 |
| Directors: | Gary Sharp     | 16271 Latah Dr         | Nampa | Id    | 83651 |
|            | Dana Yoder     | 16198 Latah Dr         | Nampa | Id    | 83651 |
|            | Gene Bradley   | 11480 Hall Dr          | Nampa | Id    | 83651 |
|            | Larry Benjamin | 11340 Hall Dr          | Nampa | Id    | 83651 |

## 5. Nature of Business

Homeowners Association

## 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature Loraine A Knigge  
 Name (Typed or Printed) LORAIN A. KNIGGE

Date 10-29-91

Title Registered Agent  
Deputy Treasurer