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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>C 185624</b>                                                                                                                                    |                   | <b>Due no later than Dec 31, 2012</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>KIMBALL OFFICE PARK CONDOMINIUMS OWNERS<br>ASSOCIATION, INC.<br>JEFFREY D LARSON<br>1211 S KIMBALL AVE<br>CALDWELL ID 83605 |          | JEFFREY D LARSON<br>1211 S KIMBALL AVE<br>CALDWELL ID 83605 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                                                                                               |          | 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                                                                                                                                               | HERMAN T SAKIMOTO | 11389 W MAILE LN                                                                                                                                                                                                              | BOISE    | ID                                                          | USA     | 83709       |  |
| DIRECTOR                                                                                                                                               | MARYANNE LARSON   | 1211 S KIMBALL AVE                                                                                                                                                                                                            | CALDWELL | ID                                                          | USA     | 83605       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 185624</b>                                                                                          |                   | 6. Annual Report must be signed.*<br>Signature: Maryanne Larson<br>Name (type or print): Maryanne Larson<br>Date: 10/19/2012<br>Title: Director                                                                               |          |                                                             |         |             |  |
| Processed 10/19/2012                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                                                                     |          |                                                             |         |             |  |