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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|---------|-------------|--|
| No. <b>C 145159</b>                                                                                                                                    |                | Due no later than Aug 31, 2009<br><b>Annual Report Form</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>ROYAL VISTA ESTATES HOMEOWNERS' ASSOCIATION, INC.<br>PO BOX 2138<br>HOMEDALE ID 83628 |          | DAN CAMPBELL<br>2602 ROYAL VISTA DR<br>HOMEDALE ID 83628 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                    |          | 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 |  |
| SECRETARY                                                                                                                                              | SALLY J TURNER | 2529 KINGS WAY DR                                                                                                                                  | HOMEDALE | ID                                                       | USA     | 83628       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 145159</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Sally Turner<br>Name (type or print): Sally Turner                                                 |          |                                                          |         |             |  |
|                                                                                                                                                        |                | Date: 06/22/2009<br>Title: Secretary/Treasurer                                                                                                     |          |                                                          |         |             |  |
| Processed 06/22/2009                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                          |          |                                                          |         |             |  |