STATE OF ARIZONA
CORPORATION COMMISSION
CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE

AZ Corp. Commission
01433954

DUE ON OR BEFORE 04/13/2005 **FY04-05** **FILING FEE $10.00**

The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§10-121.A. & 10-3121.A. YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions on page 4 for proper format.

RECEIVED
MAR 2 3 2005
ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

1. -0995291-1
VISTA OESTE ESTATES HOMEOWNERS' ASSOCIATION
PO BOX 91517
TUCSON, AZ 85752

RECEIVED
DEC 2 7 2005
ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone: _____ (Business phone is optional.)

State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

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OCT - 5 2005
ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

2. Statutory Agent: JAMES BLACK
Mailing Address: 8725 N JOANNA DR
City, State, Zip: TUCSON, AZ 85742

Physical Address, If Different.
Physical Address:
City, State, Zip:

NO $ 10-12-5 IPR 3/24/05 NO $ 01/03/06

ACC USE ONLY
Fee $ 10
Penalty $_____
Reinstate $_____
Expedite $_____
Resubmit $_____

956963

Use this box only if appointing a new statutory agent.

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Signature of *new* Statutory Agent

Lloyd De Los Santos

Printed Name of *new* Statutory Agent

3. **Secondary Address:**

(Foreign Corporations are **REQUIRED** to complete this section).

4975 W. Candleberry Way
Tucson, AZ 85742

← Address of Lloyd

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

__ 1. Accounting
__ 2. Advertising
__ 3. Aerospace
__ 4. Agriculture
__ 5. Architecture
__ 6. Banking/Finance
__ 7. Barbers/Cosmetology
__ 8. Construction
__ 9. Contractor
__ 10. Credit/Collection
__ 11. Education
__ 12. Engineering
__ 13. Entertainment
__ 14. General Consulting
__ 15. Health Care
__ 16. Hotel/Motel
__ 17. Import/Export
__ 18. Insurance
__ 19. Legal Services
__ 20. Manufacturing
__ 21. Mining
__ 22. News Media
__ 23. Pharmaceutical
__ 24. Publishing/Printing
__ 25. Ranching/Livestock
__ 26. Real Estate
__ 27. Restaurant/Bar
__ 28. Retail Sales
__ 29. Science/Research
__ 30. Sports/Sporting Events
__ 31. Technology(Computers)
__ 32. Technology(General)
__ 33. Television/Radio
__ 34. Tourism/Convention Services
__ 35. Transportation
__ 36. Utilities
__ 37. Veterinary Medicine/Animal Care
__ 38. Other _____

NON-PROFIT CORPORATIONS

1. __ Charitable
2. __ Benevolent
3. __ Educational
4. __ Civic
5. __ Political
6. __ Religious
7. __ Social
8. __ Literary
9. __ Cultural
10. __ Athletic
11. __ Science/Research
12. __ Hospital/Health Care
13. __ Agricultural
14. __ Animal Husbandry
15. X Homeowner's Association
16. __ Professional, commercial industrial or trade association
17. __ Other _____

5. **CAPITALIZATION:** (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. **Please Print or Type Clearly.** -0995291-1

5a. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**.

Number of Shares/Certificates **Authorized**	Class	Series Within Class (if any)

5b. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of **shares issued**.

Number of Shares/Certificates **Issued**	Class	Series Within Class (if any)

6. **SHAREHOLDERS:** (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation. **Please Type or Print Clearly.**

NONE ☒

Name: _____ Name: _____

Name: _____ Name: _____

7. **OFFICERS** **Please Type or Print Clearly. You Must List at Least One.**

Name: Lloyd De Los SANTOS
Title: President & Temp. Treas.
Address: P.O. Box 91517
TUCSON, AZ. 85752
Date taking office: 04

Name: BRENT NOKLEBY
Title: Member of Board
Address: 4963 W. Candleberry
TUCSON, AZ 85742
Date taking office: 2001

Name: Lizette Wyatt
Title: SECRETARY
Address: 8713 N. JOANNA DRIVE
TUCSON, AZ. 85742
Date taking office: 2001

Name: _____
Title: _____
Address: _____
Date taking office: _____

8. **DIRECTORS** **Please Type or Print Clearly. You Must List at Least One.**

Name: Lloyd De Los Santos
Address: 4975 W. Candleberry Way
Tucson, AZ 85742
Date taking office: 2004

Name: _____
Address: _____
Date taking office: _____

Name: _____
Address: _____
Date taking office: _____

Name: _____
Address: _____
Date taking office: _____

Schedule G - Other Information

G1 Date business began in Arizona or date income was first derived from Arizona sources 03/01/1999

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G2 Address at which tax records are located for audit purposes:
4975 W CANDLEBERRY WAY TUCSON, AZ 85742

G3 The taxpayer designates the individual listed below as the person to contact to schedule an audit of this return and authorizes the disclosure of confidential information to this individual. (See instruction page 17)
Name and title LLOYD DE LOS SANTOS, TREASURER Phone # 520-572-8091

G4 List prior taxable years for which a federal examination has been finalized

NOTE: ARS § 43-327 requires the taxpayer, within ninety days after final determination, to report these changes under separate cover to the Arizona Department of Revenue or to file amended returns reporting these changes. (See instruction page 5)

G5 List the taxable years for which federal examinations are now in progress, or final determination of past examinations is still pending

G6 List the taxable years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire
NONE

G7 Amount of Arizona taxable income for prior taxable year (2003 Form 120, line 15) -100

G8 Indicate tax accounting method: Cash [X] Accrual [ ] Other [ ] (Specify method)

Multistate taxpayers:

G9 Are the nonbusiness items reported on Schedule D, lines D1 through D5, and the apportionment factor items reported on Schedule C, column B, treated consistently on all state tax returns filed under the Uniform Division of Income for Tax Purposes Act?
Yes [ ] No [ ] If no, the taxpayer must disclose the nature and extent of the variance upon request by the department.

G10 Has the taxpayer changed the way income is apportioned or allocated to Arizona from prior taxable year returns?
Yes [ ] No [ ] If yes, attach explanation.

Certification The following certification must be signed by one or more of the following officers (president, treasurer, or any other principal officer).

Under penalties of perjury, I (we), the undersigned officer(s) authorized to sign this return, declare that I (we) have examined this return, including the accompanying schedules and statements, and to the best of my (our) knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the taxation laws of the State of Arizona.

Please Sign Here
Officer's signature | Title | Date

Officer's signature | Title | Date

Paid Preparer's Use Only
Preparer's signature | Date 02/22/05

Preparer's name (or preparer's, if self-employed) BROWN, BENCH & WRIGHT, P.C. | Preparer's SSN 86-0483892

Preparer's address 790 W 28TH STREET
YUMA, AZ | Zip code 85364

AZ 120 ARIZONA BASIS NET OPERATING LOSS CARRYFORWARD STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
12/31/01	100.	0.	100.
12/31/02	100.	0.	100.
12/31/03	100.	0.	100.
NET OPERATING LOSS CARRYFORWARD AVAILABLE			300.
CURRENT TAXABLE INCOME (FORM 120, LINE 13)		-100.	
CURRENT YEAR LIMITATION (NOT LESS THAN ZERO)		0.	
NET OPERATING LOSS CURRENTLY APPLIED (FORM 120, PG 1, LN 14)			0.

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Vista Oeste Estates H. O. A.

2004 Income / Expense Statement

Bank Deposits January-04	Bank Balance	Date	Check #	Amount	To Whom Paid	Improvements	Water	Waste Mgt.	Att. Fees	Landscape Termite	Ins. Taxes	Petty Cash	Misc.	
150.00	888.70	12/24/2003	Deposit											
	475.73	1/4/2004	1283	412.97	Waste Mgt.			412.97						
1,300.00	1,775.73	1/5/2004	Deposit											
	1,746.81	1/5/2004	1284	28.92	Jim Black								28.92	Postage/Filing
	1,651.51	1/10/2004	1285	97.30	Oro Valley		97.30							
1,100.00	2,751.51	1/11/2004	Deposit											
	2,626.51	1/19/2004	1286	125.00	Jim Noble Land					125.00				
	2,213.54	1/19/2004	1287	412.97	Waste Mgt.			412.97						
789.68	2,983.22	1/31/2004	Deposit											
	2,868.46	2/15/2004	1288	114.76	Oro Valley		114.76							
	2,743.46	2/21/2004	1289	125.00	Jim Noble Land					125.00				
850.00	2,849.46	2/26/2004	Deposit											
	2,729.46	3/11/2004	1290	120.00	Bench, Wright								120.00	Tax Prep
	2,604.46	3/12/2004	1291	125.00	Jim Noble Land					125.00				
	2,510.06	3/12/2004	1292	94.40	Oro Valley		94.40							
	2,416.66	3/12/2004	1293	412.97	Waste Mgt.			412.97						
973.00	2,790.66	3/12/2004	Deposit											
	2,740.66	3/13/2004	1294	50.00	AzDept Rev.						50.00			
	2,615.66	3/19/2004	1295	125.00	Jim Noble Land					125.00				
	2,202.69	4/4/2004	1296	412.97	Waste Mgt.			412.97						
	2,121.94	4/4/2004	1297	80.75	Bench, Wright								80.75	
300.00	2,421.94	4/5/2004	Deposit											
	2,411.94	4/11/2004	1298	10.00	AZ Corp Comm						10.00			
	2,305.91	4/16/2004	1299	106.03	Oro Valley		106.03							
200.00	2,505.91	4/16/2004	Deposit											
	2,433.86	4/20/2004	1300	72.05	Lloyd					72.05				
775.00	3,208.86	5/8/2004	Deposit											
	2,795.89	5/8/2004	1301	412.97	Waste Mgt.			412.97						
	2,054.39	5/8/2004	1302	741.50	Farmers Ins.						741.50			
	1,804.39	5/16/2004	1303	250.00	Jim Noble Land					250.00				
	1,712.90	5/22/2004	1304	91.49	Oro Valley		91.49							
	1,299.93	5/31/2004	1305	412.97	Waste Mgt.			412.97						
275.00	1,574.93	5/31/2004	Deposit											
	1,483.44	6/16/2004	1306	91.49	Oro Valley		91.49							
550.00	2,033.44	6/16/2004	Deposit											
	1,620.47	7/7/2004	1307	412.97	Waste Mgt.			412.97						
625.00	2,245.47	7/7/2004	Deposit											
	2,134.31	7/16/2004	1308	111.16	Oro Valley		111.16							
275.00	2,409.31	7/16/2004	Deposit											
	1,996.34	8/1/2004	1309	412.97	Waste Mgt.			412.97						
250.00	2,131.34	8/2/2004	Deposit											
275.00	2,406.34	8/7/2004	Deposit											
	2,156.34	8/25/2004	1310	250.00	Jim Noble Land					250.00				
	2,067.86	8/26/2004	1311	88.48	Oro Valley		88.48							

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Vista Oeste Estates H. O. A.

2004 Income / Expense Statement

	1,638.78	8/29/2004	1312	431.12	Waste Mgt.		431.00				
275.00	1,911.78	8/30/2004	Deposit								
100.00	2,011.78	9/9/2004	Deposit								
	1,861.78	9/12/2004	1313	150.00	Jim Noble Land			150.00			
	1,127.28	9/15/2004	1314	734.50	Farmers Ins.				734.50		
	1,059.39	9/20/2004	1315	67.87	Oro Valley	67.87					
250.00	1,309.39	9/20/2004	Deposit								
125.00	1,434.39	9/28/2004	Deposit								
375.00	1,809.39	10/11/2004	DEPOSIT								
	1,364.01	10/1/2004	1317	445.38	WASTE MGT.		445.38				
	1,239.01	10/11/2004	1318	125.00	JIM NOBLE LAND			125.00			
	1,230.86	10/17/2004	1319	8.15	PROPERTY TAX						
	1,174.53	10/17/2004	1320	56.33		56.33					
125.00	1,299.53	10/30/2004	DEPOSIT								
	846.27	10/28/2004	1321	451.26	WASTE MGT.		451.26				
	723.27	10/21/2004	1322	125.00	JIM NOBLE LAND			125.00			
475.00	1,198.27	11/18/2004	DEPOSIT								
	1,146.55	11/21/2004	1323	51.72		51.72					
	695.29	12/1/2004	1324	451.26			451.26				
600.00	1,295.29	12/8/2004	DEPOSIT								
1159.18	2,454.47	12/8/2004	DEPOSIT								
	2,329.47	12/15/2004	1325	125.00	JIM NOBLE LAND			125.00			
	2,279.47	12/15/2004	1327	50.00	JIM NOBLE LAND						50.00
	2,174.47	12/24/2004	1328	105.00	USPS						105.00
	2,120.44	12/24/2004	1329	54.03	TARGETTONER						54.03
	2,012.36	12/24/2004	1330	108.08	TONEROFFMAX						108.08
	2,002.36	12-00-24?	1325	10.00	FILELIENFEE						10.00
	1,538.84	12/28/2004	1331	463.52			463.52				
											79.00

11,353.86			10,213.29	0.00	971.01	5,646.18	0.00	1,697.06	1,638.08	0.00	633.78
Total Deposits	Bank Balance		Expense Total	Improvements Total	Water Total	Waste Mgt. Total	Att. Fees Total	Landscape Total	Taxes Ins.	Petty Cash Total	Misc. Total

Lloyd D. Los Santos

By Nobody

-0995291-1

120

For taxable year beginning 01/01/2004 , and ending 12/31/2004

Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079

CHECK ONE: Calendar year [X] Fiscal year [ ]

Business telephone number	Name	Employer identification number (EIN)
	VISTA OESTE ESTATES HOMEOWNERS ASSOC.	[redacted]6
Business activity code number (from federal Form 1120)	Number and street or PO Box: P.O. BOX 91517.	AZ withholding tax number
531114	City, or town, state, and ZIP code: TUCSON, AZ 85752	AZ transaction privilege tax number

Type or Print

Check box if: [ ] This is a first return [ ] Name change [ ] Address change

A Is FEDERAL return filed on a consolidated basis? [ ] Yes [X] No

If yes, list EIN of common parent from consolidated return _____

B ARIZONA filing method: (Check only one) See instructions pages 2-3

1 [X] Separate company 2 [ ] Combined (unitary group) 3 [ ] Consolidated

C If ARIZONA filing method is combined or consolidated, see Form 51 instructions

Are there any additions or deletions on Form 51? [ ] Yes [ ] No

D Is this the corporation's final ARIZONA return? [ ] Yes [X] No

If yes, check one: Dissolved [ ] Withdrawn [ ] Merged/Reorganized [ ]

List EIN of the successor corporation, if any

FOR DOR USE ONLY

81 | 85

82 CHECK BOX IF: Federal extension used to file return. 82 F [ ]

1	Taxable income - per attached federal return	1	-100
2	Additions to taxable income - from page 2, Schedule A, line A13	2	
3	Total taxable income - add lines 1 and 2	3	-100
4	Subtractions from taxable income - from page 2, Schedule B, line B13	4	
5	Adjusted income - subtract line 4 from line 3. WHOLLY ARIZONA CORPORATIONS GO TO LINE 13	5	-100
6	Arizona adjusted income - from line 5. MULTISTATE CORPORATIONS ONLY	6	
7	Nonapportionable or allocable amounts - from page 3, Schedule D, line D6. Multistate corporations only	7	
8	Adjusted business income - subtract line 7 from line 6. Multistate corporations only	8	
9	Arizona apportionment ratio - from Schedule C or Schedule ACA	9	
10	Adjusted business income apportioned to Arizona - line 8 multiplied by line 9. Multistate corporations only	10	
11	Other income allocated to Arizona - from page 3, Schedule E, line E7. Multistate corporations only	11	
12	Adjusted income attributable to Arizona - add lines 10 and 11. Multistate corporations only	12	
13	Arizona income before NOL - from line 5 or line 12	13	-100
14	Arizona basis net operating loss carryover - attach computation schedule SEE STATEMENT 1	14	0
15	Arizona taxable income - subtract line 14 from line 13	15	-100
16	Enter tax. Tax is 6.968 percent of line 15 or fifty dollars ($50), whichever is greater	16	50
17	Tax from recapture of tax credits - from Form 300, Part II, line 25	17	
18	Subtotal - add lines 16 and 17	18	50
19	Clean Elections Fund Tax Reduction. Check this box to send $5 to the fund and reduce the tax (line 18) by $5. Enter the amount of the tax reduction 19 A [ ]	19	
20	Nonrefundable tax credits - from Arizona Form 300, Part II, line 48	20	
21	Credit type - enter form number for each nonrefundable credit claimed 21 [ ] [ ] [ ]	21	
22	Tax liability - subtract the sum of lines 19 and 20 from line 18	22	50
23	Clean Elections Fund Tax Credit. SEE INSTRUCTIONS BEFORE COMPLETING THIS LINE	23	
24	Tax liability after Clean Elections Fund tax credit - subtract line 23 from line 22	24	50
25	Refundable tax credits - see instructions	25	
26	Credit type - enter form number for each refundable credit claimed 26 [ ] [ ] [ ]		
27	Retroactive consolidation tax payment credit - see instructions	27	
28	Extension payment made with Form 120EXT - see instructions	28	
29	Estimated tax payments - see instructions	29	
30	Total payments - see instructions	30	
31	Balance of tax due - if line 24 is larger than line 30, enter balance of tax due. Skip line 32	31	50
32	Overpayment of tax - if line 30 is larger than line 24, enter overpayment of tax	32	0
33	Penalty and interest	33	
34	Estimated tax underpayment penalty. If Form 220 is attached, check box 34 A [ ]	34	
35	Donation to Citizens Clean Elections Fund - see instructions	35	
36	TOTAL DUE - payment must accompany return	36	50
37	OVERPAYMENT - see instructions	37	
38	Amount of line 37 to be applied to 2005 estimated tax	38	
39	Amount to be refunded - subtract line 38 from line 37	39	

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11-01-04 CCH

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Schedule A - Additions to Taxable Income

A1	Total federal depreciation	A1	00
A2	IRC § 179 expense in excess of allowable amount	A2	00
A3	Federal income tax refunds received in the taxable year - see instructions	A3	00
A4	Taxes based on income paid to any state (INCLUDING ARIZONA), local governments or foreign governments	A4	00
A5	Interest on obligations of other states, foreign countries, or political subdivisions	A5	00
A6	Special deductions claimed on federal return	A6	00
A7	Federal net operating loss deduction claimed on federal return	A7	00
A8	Commissions and other expenses paid or accrued to a Domestic International Sales Corporation (DISC)	A8	00
A9	Capital investment by qualified defense contractor - attach schedule	A9	00
A10	Claim of right adjustments - attach schedule	A10	00
A11	Additions related to Arizona tax credits - attach schedule	A11	00
A12	Other additions to federal taxable income - attach schedule	A12	00
A13	Total - add lines A1 through A12. Enter total here and on page 1, line 2	A13	00

Schedule B - Subtractions From Taxable Income

B1	Recalculated Arizona depreciation - see instructions	B1	00
B2	Basis adjustment for property sold or otherwise disposed of during the taxable year - see instructions	B2	00
B3	Adjustment for IRC § 179 expense not allowed	B3	00
B4	Dividends received from 50% or more controlled domestic corporations	B4	00
B5	Foreign dividend gross-up	B5	00
B6	Dividends received from foreign corporations	B6	00
B7	Dividends received from a DISC	B7	00
B8	Interest on U.S. obligations	B8	00
B9	Agricultural crops charitable contribution	B9	00
B10	Capital investment by qualified defense contractor - attach schedule	B10	00
B11	Claim of right adjustments - attach schedule	B11	00
B12	Other subtractions from federal taxable income - attach schedule	B12	00
B13	Total - add lines B1 through B12. Enter total here and on page 1, line 4	B13	00

Schedule C - Apportionment Formula (Multistate Corporations Only) See instruction pages 15 and 16

NOTE: Qualifying air carriers must use Schedule ACA

	Column A Total Within Arizona	Column B Total Within and Without Arizona	Column C Ratio Within Arizona A÷B
C1 Property Factor			
Value of real and tangible personal property (by averaging the value of owned property at the beginning and end of the tax period; rented property at capitalized value)			
a. Owned property (at original cost):			
Inventories			
Depreciable assets			
Land			
Other assets - (describe)			
Minus: Construction in progress (if included in above totals)	( )	( )	
Minus: Nonbusiness property (if included in above totals)	( )	( )	
Total of section a			
b. Rented property (capitalize at 8 times net rental paid)			
c. Total owned and rented property (section a total plus section b)			.
C2 Payroll Factor			
Total wages, salaries, commissions and other compensation to employees (per federal Form 1120 or payroll reports)			.
C3 Sales Factor			
a. Sales delivered or shipped to Arizona purchasers			
b. Other gross receipts			
c. Total sales and other gross receipts			
d. Double weight Arizona sales and gross receipts	X 2		
e. Sales factor (for column A - multiply line c by line d; for column B - enter amount from line c)			.
C4 Total ratio - add C1(c), C2 and C3(e) in column C			.
C5 Average apportionment ratio - divide C4 by four (4). Enter the result in column C and on page 1, line 9			.

Schedule D - Non-apportionable Income and Expenses (Multistate Corporations Only)

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D1 Nonbusiness dividends and interest income:

a. Total nonbusiness dividends not deducted on page 2, Schedule B D1a 00

b. Interest from nonbusiness sources D1b 00

c. Total nonbusiness dividends and interest - add lines D1a and D1b D1c 00

D2 Net royalties from nonbusiness patents and copyrights - attach schedule D2 00

D3 Net income from rental of nonbusiness assets - attach schedule D3 00

D4 Net gain or (loss) from sale or exchange of nonbusiness assets utilized for production of nonbusiness income - attach schedule D4 00

D5 Other income or (loss) - attach schedule D5 00

D6 Subtotal - add lines D1c through D5 ..... D6 00

D7 Expenses attributable to income derived from a foreign corporation which is not itself subject to Arizona income tax - attach schedule D7 00

D8 Total - subtract line D7 from line D6. Enter total here and on page 1, line 7 ..... D8 00

Schedule E - Other Income Allocated to Arizona (Multistate Corporations Only)

E1 Gain or (loss) from sale or exchange of real estate and other tangible assets utilized for the production of nonbusiness income - attach schedule E1 00

E2 Net income or (loss) from rental of nonbusiness assets - attach schedule E2 00

E3 Net royalties from nonbusiness patents and copyrights - attach schedule E3 00

E4 Net income or (loss) from intangible property specifically allocable to Arizona - attach schedule E4 00

E5 Federal income tax refunds received in the taxable year - see instructions E5 00

E6 Other income or (loss) directly allocable to Arizona - attach schedule E6 00

E7 Total - add lines E1 through E6. Enter total here and on page 1, line 11 ..... E7 00

Schedule F - Schedule of Tax Payments

Name of corporation	EIN	Date of payment	Type of payment	Amount of payment
			Total	

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9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)

Nonprofit corporations must attach a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6)

Only Nonprofit Corporations must answer this question.

This corporation **DOES** ☒ **DOES NOT** ☐ have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been: **[Underlined portion pertains to business corporations only]**

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
   (a) fraud or registration provisions of the securities laws of that jurisdiction, or
   (b) the consumer fraud laws of that jurisdiction, or
   (c) the antitrust or restraint of trade laws of that jurisdiction?

One box must be marked: **YES** ☐ **NO** ☒

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

1. Full name and prior names used.
2. Full birth name.
3. Present home address.
4. Prior addresses (for immediate preceding 7 year period).
5. Date and location of birth.
6. Social Security Number
7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case.

11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.D.2, 10-1623 & 10-11623)

A) Has the corporation filed a petition for bankruptcy or appointed a receiver? One box must be marked: **YES** ☐ **NO** ☒

B) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controlled over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any other corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?

[Underlined portion pertains to business corporations only] One box must be marked: **YES** ☐ **NO** ☒

If "YES" to A and/or B, the following information must be submitted as an attachment to this report for each person subject to the statement above.

1. The names and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or major stockholder)
2. The state in which each corporation was a) incorporated b) transacted business.
3. The dates of corporate operation.
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.
6. Name and address of court appointed receiver.

12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.

I declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name Lloyd De Los Santos Date 3-2005 Name Brent NoKleby Date 3-20-05

Signature Lloyd De Los Santos Signature B. + NoKleby

Title President & Treasury Title member of Board

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)