



**COPY**

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

AZ Corp. Commission



02075558

**DUE ON OR BEFORE 04/03/2006**

**FY05-06**

**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.

1. -1241065-5  
 EL ROJO VISTAS ESTATES HOMEOWNERS ASSOCIATION  
~~185 SUNRISE~~  
~~SEDONA, AZ 86336~~

*30 Concho Way  
Sedona, AZ 86351*

**RECEIVED**

**JUL 05 2007**

**Business Phone:** \_\_\_\_\_

(Business phone is optional.)

**State of Domicile:** ARIZONA

**Type of Corporation:** NON-PROFIT

2. Statutory Agent: ELIZABETH A MCFARLAND ESQ

Physical Address, If Different.

Mailing Address: 60 BELL ROCK PLACA

Physical Address:

City, State, Zip: SEDONA, AZ 86351

City, State, Zip:

**ACC USE ONLY**

Fee \$ Paid

Penalty \$ \_\_\_\_\_

Reinstate \$ \_\_\_\_\_

Expedite \$ \_\_\_\_\_

Resubmit \$ \_\_\_\_\_

**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

\_\_\_\_\_  
Printed Name of new Statutory Agent

3. **Secondary Address:**

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

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

**BUSINESS CORPORATIONS**

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

**NON-PROFIT CORPORATIONS**

- |   |
|---|
| <input type="checkbox"/> 1. Charitable                          |
| <input type="checkbox"/> 2. Benevolent                          |
| <input type="checkbox"/> 3. Educational                         |
| <input type="checkbox"/> 4. Civic                               |
| <input type="checkbox"/> 5. Political                           |
| <input type="checkbox"/> 6. Religious                           |
| <input type="checkbox"/> 7. Social                              |
| <input type="checkbox"/> 8. Literary                            |
| <input type="checkbox"/> 9. Cultural                            |
| <input type="checkbox"/> 10. Athletic                           |
| <input type="checkbox"/> 11. Science/Research                   |
| <input type="checkbox"/> 12. Hospital/Health Care               |
| <input type="checkbox"/> 13. Agricultural                       |
| <input type="checkbox"/> 14. Animal Husbandry                   |
| <input checked="" type="checkbox"/> 15. Homeowner's Association |
| <input type="checkbox"/> 16. Professional, commercial           |
| <input type="checkbox"/> 17. Industrial or trade association    |
| <input type="checkbox"/> 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.

**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.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**NONE** ☐

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**7. OFFICERS**

PLEASE TYPE OR PRINT CLEARLY.

YOU MUST LIST AT LEAST ONE.

Name: Robert Myers

Name: Joseph Vila

Title: President

Title: Secretary

Address: 30 Cougar Way

Address: 185 Sunrise Ave

Sedona AZ 86351

Sedona, AZ 86386

Date taking office: 5.30.06

Date taking office: 5.3.06

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_

**8. DIRECTORS**

PLEASE TYPE OR PRINT CLEARLY.

YOU MUST LIST AT LEAST ONE.

Name: Gwen Langmack

Name: \_\_\_\_\_

Address: 490 Redmoon Dr

Address: \_\_\_\_\_

Sedona, AZ 86336

Date taking office: 5.30.06

Date taking office: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_



CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE



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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.

1.

-1241065-5

EL ROJO VISTAS ESTATES HOMEOWNERS ASSOCIATION

~~185 BUNRISH~~

~~SEDONA, AZ 86336~~

30 Concho Way  
Sedona, AZ. 86351

RECEIVED

MAY 10 2006

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

Business Phone: \_\_\_\_\_

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2.

Statutory Agent: ELIZABETH A MCFARLAND ESQ

Physical Address, if Different.

Mailing Address: 60 BELL ROCK PLAZA

Physical Address:

City, State, Zip: SEDONA, AZ 86351

City, State, Zip:

ACC USE ONLY

Fee \$ \_\_\_\_\_

Penalty \$ \_\_\_\_\_

Reinstatement \$ \_\_\_\_\_

Expedite \$ \_\_\_\_\_

Resubmit \$ \_\_\_\_\_

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

Printed Name of new Statutory Agent

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ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

3. Secondary Address:

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

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

BUSINESS CORPORATIONS

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

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JUL 05 2007

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

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.**

-1241065-5

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.**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

NONE ☐

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Name: Robert Myers

Name: Joseph Vila

Title: President

Title: Secretary

Address: 30 Concho Way  
Sedona AZ 86351

Address: 185 Sunrise Ave  
Sedona AZ 86376

Date taking office: 5-3-06

Date taking office: 5-3-06

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_

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

Name: Gwen Langmack

Name: \_\_\_\_\_

Address: 490 Redmoon Dr.  
Sedona, AZ 86336

Address: \_\_\_\_\_

Date taking office: 5-3-06

Date taking office: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_

**El Rojo Vista Estates Homeowners Assoc.**

Dear Sir,

The start of the Homeowners association was in Nov. of 2005. We did not start business until after the first of the year-2006 so there is no records of monies or expenses for 2005. We did file a return and here is a copy of it.

Our bank account was not set up until Jan . of 2006. Hopefully this will be sufficient for your records.

Thank You

Joseph H Vila  
Secretary of HOMA  
185 Sunrise Ave  
Sedona AZ 86336

Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-8079

CHECK ONE

Calendar year ☒ Fiscal year ☐

Business telephone number	Type or Print	Name <b>EL ROJO VISTAS ESTATES HOMEOWNERS ASSOCIATION</b>	Employer identification number (EIN)
Business activity code number (from federal Form 1120)		Number and street or PO Box <b>185 SUNRISE</b>	<b>20-3825922</b>
<b>531390</b>		City, or town, state, and ZIP code <b>SEDONA, AZ 86336-1A00</b>	AZ transaction privilege tax number <b>1241065-5</b>

68 Check box if: ☒ This is a first return ☐ Name change ☐ Address change  
 A Is FEDERAL return filed on a consolidated basis? ☐ Yes ☒ No  
 If yes, list EIN of common parent from consolidated return \_\_\_\_\_

62 CHECK BOX IF:  
Federal extension used to file return. ☐ F ☐

FOR DOR USE ONLY

B ARIZONA filing method: (Check only one) See instruction pages 1-2  
 1 ☒ 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 ☒ No  
 If yes, check one: Dissolved ☐ Withdrawn ☐ Merged/Reorganized ☐  
 List EIN of the successor corporation, if any \_\_\_\_\_

1 Taxable income - per attached federal return	1	<100>	00
2 Additions to taxable income - from page 2, Schedule A, line A13	2		00
3 Total taxable income - add lines 1 and 2	3	<100>	00
4 Subtractions from taxable income - from page 2, Schedule B, line B13	4		00
5 Adjusted income - subtract line 4 from line 3. WHOLLY ARIZONA CORPORATIONS GO TO LINE 13	5	<100>	00
6 Arizona adjusted income - from line 5. MULTISTATE CORPORATIONS ONLY	6		00
7 Nonapportionable or allocable amounts - from page 3, Schedule D, line D8. Multistate corporations only	7		00
8 Adjusted business income - subtract line 7 from line 6. Multistate corporations only	8		00
9 Arizona apportionment ratio - from Schedule C or Schedule ACA	9		00
10 Adjusted business income apportioned to Arizona - line 8 multiplied by line 9. Multistate corporations only	10		00
11 Other income allocated to Arizona - from page 3, Schedule E, line E7. Multistate corporations only	11		00
12 Adjusted income attributable to Arizona - add lines 10 and 11. Multistate corporations only	12		00
13 Arizona income before NOL - from line 5 or line 12	13	<100>	00
14 Arizona basic net operating loss carryover - attach computation schedule	14		00
15 Arizona taxable income - subtract line 14 from line 13	15	<100>	00
16 Enter tax. Tax is 8.999 percent of line 15 or fifty dollars (\$50), whichever is greater	16	50	00
17 Tax from recapture of tax credits - from Form 300, Part II, line 20	17		00
18 Subtotal - add lines 16 and 17	18	50	00
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 <input type="checkbox"/>	19		00
20 Nonrefundable tax credits - from Arizona Form 300, Part II, line 39	20		00
21 Credit type - enter form number for each nonrefundable credit claimed	21	3	00
22 Tax liability - subtract the sum of lines 19 and 20 from line 18	22	50	00
23 Clean Elections Fund Tax Credit. SEE INSTRUCTIONS BEFORE COMPLETING THIS LINE	23		00
24 Tax liability after Clean Elections Fund tax credit - subtract line 23 from line 22	24	50	00
25 Refundable tax credits - see instructions	25		00
26 Credit type - enter form number for each refundable credit claimed	26	3	00
27 Retroactive consolidation tax payment credit - see instructions	27		00
28 Extension payment made with Form 120EXT - see instructions	28		00
29 Estimated tax payments - see instructions	29		00
30 Total payments - see instructions	30		00
31 Balance of tax due - If line 24 is larger than line 30, enter balance of tax due. Skip line 32	31	50	00
32 Overpayment of tax - If line 30 is larger than line 24, enter overpayment of tax	32	0	00
33 Penalty and interest	33		00
34 Estimated tax underpayment penalty. If Form 220 is attached, check box _____ 34 A <input type="checkbox"/>	34		00
35 Donation to Citizens Clean Elections Fund - see instructions	35		00
36 TOTAL DUE - payment must accompany return	36	50	00
37 OVERPAYMENT - see instructions	37		00
38 Amount of line 37 to be applied to 2006 estimated tax	38		00
39 Amount to be refunded - subtract line 38 from line 37	39		00

A1		00
A2		00
A3		00
A4		00
A5		00
A6		00
A7		00
A8		00
A9		00
A10		00
A11		00
A12		00
A13		00

B1		00
B2		00
B3		00
B4		00
B5		00
B6		00
B7		00
B8		00
B9		00
B10		00
B11		00
B12		00
B13		00

<b>Column A Total Within Arizona</b>	<b>Column B Total Within and Without Arizona</b>	<b>Column C Ratio Within Arizona <math>A+B</math></b>
( )	( )	
( )	( )	
		.
		.
X R		
		.
		.

C and on page 1, line 9

**Schedule D - Non-apportionable Income and Expenses (Multistate Corporations Only)****D1 Nonbusiness dividends and interest income:**

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

b. Interest from nonbusiness sources

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

D1a		00
D1b		00

1241065-5

D2 Net royalties from nonbusiness patents and copyrights - attach schedule

D3 Net income from rental of nonbusiness assets - attach schedule

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

D5 Other income or (loss) - attach schedule

D6 Subtotal - add lines D1c through D5

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

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

D1c		00
D2		00
D3		00

D4		00
D5		00
D6		00

D7		00
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

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

E3 Net royalties from nonbusiness patents and copyrights - attach schedule

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

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

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

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

E1		00
E2		00
E3		00
E4		00
E5		00
E6		00
E7		00

**Schedule F - Schedule of Tax Payments**

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



**Schedule G - Other Information****81** Date business began in Arizona or date income was first derived from Arizona sources 10/01/2005**82** Address at which tax records are located for audit purposes:-1241065-5**83** 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 14)

Name and title \_\_\_\_\_

Phone # \_\_\_\_\_

**84** 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 4)

**85** List the taxable years for which federal examinations are now in progress, or final determination of past examinations is still pending \_\_\_\_\_**86** List the taxable years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire \_\_\_\_\_**87** Amount of Arizona taxable income for prior taxable year (2004 Form 120, line 15) \_\_\_\_\_**88** Indicate tax accounting method: Cash ☒ Accrual ☐ Other ☐ (Specify method) \_\_\_\_\_**Multiple taxpayers:****89** 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.**90** 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 income tax 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 \_\_\_\_\_

**S J GALLINA & CO, LLP, CPAS**

Firm's name (or preparer's, if self-employed)

**P00515234**

Preparer's TRN

**100 PROFESSIONAL CENTER DRIVE, SUITE 114  
NOVATO, CA**

Firm's address

**94947-4349**

Zip code

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. §§10-1822.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.                          | 5. Date and location of birth.  |
| 2. Full birth name.   | 6. Social Security Number   |
| 3. Present home address.                                    | 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. |
| 4. Prior addresses (for immediate preceding 7 year period). |   |

**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 Joseph H. Vila Date 6-4-06 Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature Joseph H. Vila Signature \_\_\_\_\_  
Title Secretary Title \_\_\_\_\_

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

**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.                          | 5. Date and location of birth.   |
| 2. Full birth name.   | 6. Social Security Number  |
| 3. Present home address.                                    | 7. The nature and description of each conviction or judicial action;                                   |
| 4. Prior addresses (for immediate preceding 7 year period). | 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?

One box **must** be marked:

YES ☐ NO ☒

**[Underlined portion pertains to business corporations only]**

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 Robert Myers Date 6/28/07 Name \_\_\_\_\_ Date \_\_\_\_\_

Signature Robert Myers Signature \_\_\_\_\_

Title President Title \_\_\_\_\_

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