

## COPY

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



**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.

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	STATES HOMEOWNERS ASSOCIATION	1770 mars
185 SUNRISE SEDONA, AZ 86336	30 Concho, Way	RECEIVED
	30 Concho Way Sedona, AZ 86351	JUL 0 5 2007
Business Phone:_	(Business phone is optional.)	ARIZONA COMP. COMMISSION
State of Domicile: A		CORPORATIONS DIMESION
	- · · · · · · · · · · · · · · · · · · ·	Address, If Different.
Mailing Address: 60 H	<del>-</del>	
City, State, Zip: SEDO		
-	_	-
<u> </u>	Use this box only if appoint	ing a new Statutory Agent
ACC USE ONLY	USE CHIS DOX CHIY II Appoint	ing a new statutory agent
Q4	If appointing a <u>new</u> statutory agent, the ne	w agent MUST consent to that
Fee \$ 7000	appointment by signing below.	w agent woor consent to that
Penaity \$		·
D-11-4- 6	I, (individual) or We, (corporation or limited liability compa do hereby consent to this appointment until my removal	
Reinstate \$	do notoby bonders to this appearance difficulty temeval	n roognation paroually to tare.
Expedite \$	C:	
Resubmit \$	Signature of new Statutory Agent	
71000011110		
Secondary Address:	Printed Name of new Statutory Age	nt
(Foreign Corporations <u>REQUIRED</u> to complethis section).		
Chack the one esterony h	pelow which best describes the CHARACTER OF	BLISINESS of your corporation
BUSINESS CORP		NON-PROFIT CORPORATIONS
1. Accounting	20. Manufacturing	1 Charitable
2. Advertising 3. Aerospace	21. Mining 22. News Media	2 Benevolent 3 Educational
4. Agriculture 5. Architecture	23. Pharmaceutical	4. Civic 5. Political
5. Architecture 6. Banking/Finance	24. Publishing/Printing 25. Ranching/Livestock	6 Religious
7 Dardona (Caramatala au		
7. Barbers/Cosmetology	26. Real Estate	7 Social
8. Construction 9. Contractor	26. Real Estate 27. Restaurant/Bar 28. Retail Sales	7 Social 8 Literary 9 Cultural
8. Construction 9. Contractor 10. Credit/Collection	27. Restaurant/Bar 28. Retail Sales 29. Science/Research	8 Literary 9 Cultural 10 Athletic
<ul> <li>8. Construction</li> <li>9. Contractor</li> <li>10. Credit/Collection</li> <li>11. Education</li> <li>12. Engineering</li> </ul>	27. Restaurant/Bar 28. Retail Sales 29. Science/Research 30. Sports/Sporting Events 31. Technology(Computers)	8 Literary 9 Cultural 10 Athletic 11 Science/Research 12 Hospital/Health Care
	27. Restaurant/Bar 28. Retail Sales 29. Science/Research 30. Sports/Sporting Events 31. Technology(Computers) 32. Technology(General)	8Literary 9Cultural 10Athletic 11Science/Research 12Hospital/Health Care 13Agricultural
<ul> <li>8. Construction</li> <li>9. Contractor</li> <li>10. Credit/Collection</li> <li>11. Education</li> <li>12. Engineering</li> </ul>	27. Restaurant/Bar 28. Retail Sales 29. Science/Research 30. Sports/Sporting Events 31. Technology(Computers)	8 Literary 9 Cultural 10 Athletic 11 Science/Research 12 Hospital/Health Care

17. \_\_ Other\_

\_\_\_37. Veterinary Medicine/Animal Care

\_\_ 38. Other \_\_

18. Insurance

\_\_\_ 19. Legal Services

5. CAPITALIZATION: (Business Corporations and Business T	
Business trusts must indicate the number of transferable cert the trust estate.	ificates held by trustees evidencing their beneficial interest in
<b>5a.</b> Please examine the corporation's original Articles of	ncorporation for the amount of shares authorized.
Number of Shares/Certificates <b>Authorized</b> Class	s Series Within Class (if any)
5b. Review all corporation amendments to determine it corporation's minutes for the number of shares issue	f the original number of shares has changed. Examine the
Number of Shares/Certificates Issued Clas	Series Within Class (if any)
6. SHAREHOLDERS: (Business Corporations and Business List shareholders holding more than 20% of any class of sh beneficial interest in the corporation.  Name:	pares issued by the corporation, or having more than a 20%
NONE []	
Name:	Name:
7. OFFICERS PLEASE TYPE OR PRINT CLEARLY Name:  Please TYPE OR PRINT CLEARLY	Name: Joseph Vila
Title: President	Title: Secretary
Address: 30 Couche Way 5-edour Az 96351	Address: 185 Sunrise Ave 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 Reducen Dr Sodowe 42 51276	Address:
Sedena , HZ \$6336  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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		STATES HOMEOWNERS ASSOCIATION	MAY 1 0 2006				
	105 FUNRISED SEDOMA AE 06336	Sedoun, AZ. 8635	AMERICANA CORP. COMMISSION CORPORATIONS DIVISION				
	Business Phone:	(Business phone is optional.)					
	State of Domicile: Al	Type of Corporation: NOM-PROF:	IT				
2.	Statutory Agent: ELIZ	HETH A MCFARLAND ESQ Physical Addres	s, If Different.				
	Mailing Address: 60 B						
C	tity, State, Mip: 85000	n, AE 86351 City, State, Zi	.pr				
1	ACC LISE ONLY	Use this box only if appointing a	new Statutory Agent				
ı		If appointing a new statutory agent, the new agent	MUST consent to that				
	F90 \$	appointment by signing below.	MOST CONSUM IO BIEL				
	Penalty \$	I, (Individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent,					
	Reinetale \$	do hereby consent to this appointment until my removal or resignati					
	Expedite \$						
J	Educate 4	Signature of new Statutory Agent					
	Resubmit \$		RECEIVED				
<b>.</b>		Printed Harne of new Statutory Agent	<u></u>				
1.	Secondary Address:	\$ a.a.rossonaeaa6000000,ruquiquiquiquiquiquiquiquiquiquiquiquiqui	<u> </u>				
		<del></del>	ARIZONA CORP. COMMISSION				
	(Foreign Corporations a REQUIRED to comple		CORPORATIONS DIVISION				
	tris section)						
		<del>_</del>					
4.		low which best describes the CHARACTER OF BUSIN					
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	4. Appculture	23. Pharmaceuticel 4, Ch	YIC				
۳. ۲.	5. Architecture 6. Benking/Finance		official JUL 0.5 2007 scial				
** **	7. Berbera/Cosmetology 5. Construction	26. Reel Entate 7 So					
1	a. Construction .	26. Pietali Sales 9. Cu	ARIZONA CORP. COMMISSION Netic CORPORATIONS PURCON				
*,	10. Credit/Collection11. Education		Hetic CORPORATIONS DURSON				
•	12. Engioeering	31. Technology(Computers) 12 Ho	SEDERINT SECOND LIGHTS				
٠,	13. Entertainment 14. General Consulting	32. Technology(General) 13. Ag 33. Television/Radio 14. L An	rtcultural ilmal fluebendry				
5	15. Health Care	34. Tourism/Convention Services 15. Line	menunur's Association				
	16. Hotel/Molei 17. Import/Export	35. Transportation 16 Pro	clessional, commercial fuetrial or trade especiation				
•	17. exportespon 18. insurance		her				

\_\_ 35. Other

19. Legai Services

	d O	One and a stable from the sun A
Number of Shares/Certificates Authoria	ed Class	Series Within Class (if any)
ib. Review all corporation amenda corporation's minutes for the nu		nal number of shares has changed. Examine the
lumber of Shares/Certificates Issued	Class	Series Within Class (if any)
s. SHAREHOLDERS: (Business Corpo		
ist shareholders holding more than 20 peneficial interest in the corporation.		ed by the corporation, or having more than a 20%
•		e:
IONE D	New	
	•	
OFFICERS Please Type or I	<del>-</del>	: Joseph Vila
ille: Presidant	Title:	Secretary
ddress: 30 Concho U		ss: 185 Sunrise Ave
Sodowa AZ.		Section A AZ 86376
Date taking office: 5-3-06		aking office:
larne:		
îtle:		
ddress:	Addres	×**
ANIOGO .		Nº
Pate taking office:	Date to	aking office:
DIRECTORS Please Type or		st List at Least One.
ame: Gwen Langma	c/c Name:	
odress: 490 Redimo	en Dr. Addres	88:
Sedena, Az	86336	
ate taking office: <u>5-3-06</u>	Date to	aking office:
ame:	Name:	
ddress:	Addres	<b>8:</b>
Date taking office:	Date ta	aking 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

ARIZONA FORM	Artzons Corporation income 18X Hetum	200					
120	For taxable year beginning 10/01/2005 and ending 12/31/2005 CHECK ON						
	Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079	Galendar year X Fiscal year					
Business telephone number	NameEL ROJO VISTAS ESTATES	Employer Identification number (EII-6)					
· ·	HOMEOWNERS ASSOCIATION	Carbook manufaction indiable (City)					
	_  ≥   Rumber and street or PD Box	20-3825922					
Business activity code number	usiness activity code number   185 SUNRISE						
(from federal Form 1120)	City, or town, state, and ZIP code	AZ transaction privilege tax numb					
531390	SEDONA, AZ 86336-1A00	11241065-5					
88 Check bex it: X 1	hits is a first rature						
A 14 FEDERAL return filed on	a consolidated basis?  Yes X No	used to Me return.					
	Brent from consolidated return	OR DOR USE ONLY					
	heck only one) See Instruction pages 1-2						
1 X Separate comp							
_	combined or consolidated, see Form 51 instructions						
Are there any additions or o		•					
is this the corporation's fina							
•	olved Withdrawn Bierged/Fieorganized 51	<b>B</b>					
List EIN of the successor or	THE REGION OF THE PERSON OF TH	-					
Paratus rezente - put ausc     Actilinas in terebis incom	hed federal return e - from page 2, Schedule A, Noe A13						
3 Total faxable income - add	lines 1 and 2						
4 Subtractions from taxable	Acome - from page 2, Schedule B, line 813						
5 Adjusted Income - subtract	line 4 from line 3. WHOLLY ARIZONA CORPORATIONS GO TO LINE 13						
Arizona adjusted income -	from line 5. MULTISTATE CORPORATIONS ONLY						
7 Nonemanilanchia ex allega	ble sessions of fine many 2. Columbia D. New D. S. At. W. A						
8 Adjusted business income	- subtract line 7 from line 6. Multistate corporations only	. 7 D0					
9 Artzona apportionment rati	- subtract line 7 from line 6. Multistate corporations only  o - from Schedule C or Schedule ACA  g	- L. S					
10 Adjusted business income	apportioned to Arizona - line 8 multiplied by line 9. Multistate corporations only	. 10 00					
11 Other income allocated to A	Vizona - from page 3, Schedule E, line E7. Multistate corporations only	11 80					
12. Adjusted income attributati	is to Arizona - add lines 10 and 11. Multistate corporations only	12 80					
13 Arizona income before NOI	from line 5 or line 12	13 <100≯26					
14 Arizona basia net operating	ioss carryover - attach computation schedule	14					
15 Arizona taxable income - si	ibtract line 14 from line 13						
18 Entertex. Tax is 8.065 par	sent of line 15 or fifty deliars (\$60), whichever is greater	18 50 90					
17 Tax from recapture of tax of	radits - from Form 900, Part II, line 20	·   17   95					
16 SUDDOM: add thes to and	17	18 50 80					
		<del>م است من </del>					
20 Mondanishis tay codits	reduction 19 A	<u> 18   00</u>					
21 Credit type - enter form number	for such nonrefundable credit chairmed 21 3 3 3 3	. 20   00					
22 Tax liability - subtract the s	urn of lines 19 and 20 from line 18						
28 Clean Elections Fund Tax C	radit. SEE INSTRUCTIONS BEFORE COMPLETING THIS LINE	22 50					
24 Tax liability after Clean Elec	tions Fund tax credit - subtract line 23 from line 22	24 50 00					
26 Refundable tax credits - sec	instructions 26 O	<u></u>					
26 Gredit type - enter form nur	Tiber for each refundable credit claimed 28 3 3	<u>-</u>					
27 Retroactive consolidation to	ix payment credit - see instructions	<u>.                                    </u>					
	ith Form 120EXT - see Instructions 28 00	<u>J</u>					
	se instructions 29 0						
30 Total payments - see instru	ctions	30 00					
ar Galance of tax due - If line :	24 is larger than line 30, enter balance of tax due. Skip line 32						
	30 is larger than line 24, enter overpayment of tax						
	th name to the Second 200 is attached about the	7					
	R penalty. If Form 220 is attached, check box						
OU SUMMINER W CARRIES CHAIN!	Elections Fund - see instructions t accompany return						
37 OVERPAYMENT - sae instr	Citions						
88 Amount of line 37 to be acc	Ned to 2006 estimated tax 38 00						
	bitract line 38 from line 37	39 60					
637201 CCH ADOR 91-000	M (08)						

_,	em 120 (2005) Page 2 redule A - Additions to Taxable Income		<u> </u>	-1a4	1065-5
lit	Total federal depreciation				
2	ING 5 179 expense in excess of allowable amount				
•	<ul> <li>reserva income tex reminds received in the (arcible year - see instructions</li> </ul>				
4	I MARKE DESCRIPTION OF A PROPER PARTY OF A P	overence enjeted to sinement	unde	1 44 1	
6	incerest on congenions of other states, foreign countries, or political sub-	Msions		Tag I	
6	Special degricooms ciaimed on tederal rightin			14	
•	recessi net operating tosa deduction claimed on federal raturn			4.7	
}	Commissions and other expenses paid or accrued to a Domastic Internal	ional Sales Commuting (DISC)		4.0	
)	Capital investment by qualified defense contractor attach schedule			20	
	Geim of right adjustments - attach schedule			440	
1 -	Additions related to Arizona tax credits - attach schedule			\$44	
2	Other additions to federal taxable income - attach schedule			148	
)	Total - add lines A1 through A12. Enter total here and on page 1, line 2	F#####################################	*********	A13	
h	edule B - Subtractions From Taxable Income		···		
	Reculculated Arizona depreciation - see instructions	••••		81	
	sissis adjustment for property sold or otherwise disposed of during the tax	able year - see instructions		80	
	Adjustment for IRC § 179 expense not allowed			100	0
	Dividends received from 50% or more controlled demestic corporations	***************************************		24	0
	Foreign dividend gross-up	4 b4 pq -p-1-0149-01		Bet	0
	Dividends received from foreign corporations	*******************		R.C	0
	Dividends received from a DISC	*******		B7	0
	Interest on U.S. congellans				0
	Agricultural crops charitable contribution			1 86	0
	Capital investment by qualified defense contractor - attach schedule			816	0
	Claim of right adjustments - attach schedule	d ( Ba   . E = p = a + a + a + a + a + a + a + a + a + a		811	0
			*********	P11 :	I V
} }	Other subtractions from federal taxable income - attach schedule			B12	
3	Total - add lines #1 through B12. Enter total here and on page 1, line 4			B12	
a She	Total - add lines #1 through B12. Emer total here and on page 1, line 4  dulie C - Apportionment Formula (Multistate Corp.)	orations Only) See insin	uction pages 11 and	B12 B13	0
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Name of corporation	EIN	Date of payment	Type of payment	Amount of payment
			Total	

	20 (2005) Page 4 Liè G - Other Information		<del></del>
		10/01/000-	
Adi	è business began in Arizona or date income was first derived from Arizona sources	10/01/2005	
AQI	iress at which tax records are located for audit purposes:		<sup>-1</sup> 241065 -
the	taxpayer designates the individual listed below as the person to contact to schedul disclosure of confidential information to this individual. (See instruction page 14)	le an audit of this return and a	uthorizes
	ne and title		Phone #
1,001	prior taxable years for which a federal examination has been finalized		
NO.	E: ARS § 49-327 requires the taxpayer, within minety days after final determination	, to report these changes unde	er senamia
COV	er to the Articons Department of Revenue or to the amended returns reporting these	changes. (See instruction par	un 4)
List	the taxable years for which federal examinations are now in progress, or final deter	mination of past examinations	is still pending
List	the taxable years for which federal walvers of the statute of limitations are in effect	and dates on which waivers ex	φire
Am	pent of Artzona taxable income for prior taxable year (2004 Form 120, line 15)		
		<del></del>	
indi	cata tax accounting method: Cash 🛣 Accrual 🔲 Other 🗀 (	Specify method)	
	No If no, the taxpayer must disclose the nature and extent of the value taxpayer changed the way income is apportioned or allocated to Arizona from p. No If yes, attach explanation.		elvartraelf.
illegtic			•
	Under penetities of perjury, I (see), the undersigned cilicade) authorized to eign this return, de- echecules and statements, and to the best of my (out) incustedge and belief, it is a true, con pursuant to the income tax laws of the State of Arlagna.	clere that I (wa) have examined this : ect and complete return, mede in go	return, including the accompanying and faith, for the taughte year stated
		1	1
A	Officer's signature	Title	Cote
•	Critical a signatura	Tite	Pere
		1	
<b>!</b> 	Preparer's signature	Custo	•••
grer's Quiy	S J GALLINA & CO, LLP, CPAS		P00515234
And	Firm's name (or preparer's, if self-employed)		Preparer's TRIS
	100 PROFESSIONAL CENTER DRIVE, SUITE	114	
	NOVATO, CA	<u> </u>	94947-4349
			A = 2 2 1 - 2 D 4 2

Nonpo forms	rofit corporations <u>must attach</u> a financial statement (e.g. of corporations are exempt from filing a financial discl	, income/ osure.	expense	statement, balance sheet linclud	ing assets, liat	oilities). All other
9A. j	MEMBERS (A.R.S. § 10-11622.A.6)				,	
	Nonprofit Corporations must answer this question.	Thi	s corpoi	ration DOES D DOES	NOT [] har	ve members.
Has A than 1	ERTIFICATE OF DISCLOSURE (A.R.S. \$§:10-16 NY person serving either by election or appointment as a 10% of the issued and outstanding common shares or 1 [Underlined portion pertains to business corporati	an officer, 0% of any	director other o	trustee, incorporator and/or per		
2.	Convicted of a felony involving a transaction in securities year period immediately preceding the execution of this Convicted of a felony, the essential elements of which or monopoly in any state or federal jurisdiction within the Or are subject to an injunction, judgment, decree or perimmediately preceding execution of this certificate when (a) fraud or registration provisions of the securities (b) the consumer fraud laws of that jurisdiction, or (c) the antitrust or restraint of trade laws of that jurisdiction.	s certificationsisted of the seven amanent of the such injuries allows of the seven amanent of the seven and the seven and the seven and the seven and the seven amanent and the seven a	te? of fraud, year per order of junction, hat juris	misrepresentation, theft by false iod immediately preceding exec any state or federal court entere judgment, decree or permanent	pretenses or aution of this ca ad within the sa	restraint of trade ortificate? oven year period
				One box must be marked:	YES []	NO 🖾
	S", the following information must be submitted actions stated in Items 1. through 3. above.				erson subj <b>ec</b> t	to one or more
1.	Full name and prior names used. Full birth name.	5. 6.		nd location of birth. Security Number		
2. 3.	Present home address.	7.		ture and description of each con	viction or judic	ial action:
4.	Prior addresses (for immediate preceding 7 year period).			and location; the court and pub or cause number of the case.	lic agency invo	olved, and
1623	<u>TATEMENT OF BANKRUPTCY, RECEIVERSHIF</u> & 10-11623)				·	
A) Ha	s the corporation filed a petition for bankruptcy or appoi	inted a rea	ceiver?	One box <u>must</u> be marked:	YES	NO 🔯
over 2 corpoi or juri	s any person serving as an officer, director, trustee or in 10% of the issued and outstanding common shares, o ration which has been placed in bankruptcy, receivership adiction? In lined portion pertains to business corporations on	or 20% of or had its	any other	er proprietary, beneficial or mer	nbership inter	est in any other
H "Y	ES" to A and/or B, the following information must		itted as			
1.	The hames and addresses of each corporation a stockholded.	and the p	erson o	r persons involved. (e.g. office	r, director, tru	stee or major
2.	The state in which each corporation was a) incorporation	onated b)	transact	ed business.		
3. 4.	The dates of corporate operation.  If any involved person (listed in #1) has been invo- address of each corporation.	lved in ar	ny other	bankruptcy proceeding within t	he past year, t	he name and
5. 6.	Date, Case number and Court where the bankrupti Name and address of court appointed receiver.	cy was fik	ed or rec	elver appointed.		
	IGNATURES: Annual Reports must be signed an	-				
filed t	are, under penalty of law that all corporate income to with the Arizona Department of Revenue. I further of cate, including any attactiments, and to the best of t	declare u my (our)	Inder pa	crafty of him that I (we) have e	xamined this	report and the
Name	Date 6-9	-06Nan	10		Dete	
Signa	sure Jareph H. V.1A	Sign	nature_		•	<u></u>
Title_	Signstor(s) must be duty authorized	Th	le			<del></del>
	(Signator(s) must be duly authorized	corporat	e office	r(a) listed in section 7 of this	report.)	•

Please Enter Corporation Name:			File nu	mber	Page 3
<ol> <li>FINANCIAL DISCLOSURE (A.R.S. §10-11622.A. Nonprofit corporations <u>must attach</u> a financial statement (eforms of corporations are exempt from filing a financial dis</li> </ol>	.g. income/	expense	statement, balance sheet in	cluding assets, lia	bilities). All other
9A. MEMBERS (A.R.S. § 10-11622.A.6)  Only Nonprofit Corporations must answer this question.	ļ <sub>Thi</sub>	s corpoi	ation DOES (D DOE	S NOT (T ha	ive members.
	!				ive members.
10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10- Has ANY person serving either by election or appointment as than 10% of the issued and outstanding common shares or been: [Underlined portion pertains to business corpora	s an officer, 10% of any	director, other p	trustee, incorporator and/or	person controllin pership interest	g or holding more in the corporation
<ol> <li>Convicted of a felony involving a transaction in securi year period immediately preceding the execution of the Convicted of a felony, the essential elements of which or monopoly in any state or federal jurisdiction within Or are subject to an injunction, judgment, decree or jumediately preceding execution of this certificate where (a) fraud or registration provisions of the securities (b) the consumer fraud laws of that jurisdiction, (a)</li> </ol>	his certifica a consisted a the seven bermanent ere such in es laws of to	te? of fraud, year per order of junction, that juris	misrepresentation, theft by iod immediately preceding a any state or federal court er judgment, decree or perma	false pretenses or execution of this of stered within the s	restraint of trade certificate? seven year period
(c) the antitrust or restraint of trade laws of that j	urisdiction		One box <b>must</b> be marked	YES	NO E
If "YES", the following information must be submi	tted as an				
of the actions stated in Items 1. through 3. above.	ar ar		none to and report for eac	r person sabjec	
<ol> <li>Full name and prior names used.</li> <li>Full birth name.</li> <li>Present home address.</li> <li>Prior addresses (for immediate preceding 7 year period).</li> </ol> 11. STATEMENT OF BANKRUPTCY, RECEIVERSH	5. 6. 7. IIP or CH	Social The nathedate the file	nd location of birth. Security Number ture and description of each e and location; the court and or cause number of the cas REVOCATION (A.R.S. §	public agency in e.	olved, and
1623 & 10-11623)				<u> </u>	. /
<ul> <li>A) Has the corporation filed a petition for bankruptcy or app</li> <li>B) Has any person serving as an officer, director, trustee or</li> </ul>					•
over 20% of the issued and outstanding common shares, corporation which has been placed in bankruptcy, receiversh or jurisdiction?	or 20% of	any oth	er proprietary, beneficial or	membership inte	rest in any other
Underlined portion pertains to business corporations	only]		One box <u>must</u> be mark	ed: YES 🗇	NO D
				<del>.</del>	
If "YES" to A and/or B, the following information <u>mus</u> statement above.	st be subm	i <b>itted</b> as	an attachment to this repo	t for each persor	subject to the
<ol> <li>The names and addresses of each corporation stockholder)</li> </ol>	and the p	person o	r persons involved. (e.g. of	ficer, director, tr	ustee or major
2. The state in which each corporation was a) incor	porated b)	transact	ed business.		·
<ol> <li>The dates of corporate operation.</li> <li>If any involved person (listed in #1) has been invaddress of each corporation.</li> </ol>	olved in a	ny other	bankruptcy proceeding with	nin the past year,	the name and
<ul><li>5. Date, Case number and Court where the bankrup</li><li>6. Name and address of court appointed receiver.</li></ul>	otcy was fil	ed or rec	eiver appointed.		
			•		
12. SIGNATURES: Annual Reports must be signed a	and dated	by at lea	st one duly authorized of	ficer or they will	be rejected.
declare, under penalty of law that all corporate income illed with the Arizona Department of Revenue. I furthe certificate, including any attachments, and to the best of the	r declare ι	ınder pe	nalty of law that I (we) ha	ve examined this	s report and the
(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		<del></del>		· 
Signature Rot Mush	Sig	nature_		·	
Title President	Tir	tle			
(Signator(s) must be duly authorize	a corpora	re ouice	r(s) listea in section 7 of (	nis report.)	