

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





DUE ON OR BEFORE 5-20-2611

FILING FEE 4 10 00

PLEASE READ ALL INSTRUCTIONS. 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.

RECEIVED

| PO BOX 566 GREEN VALLEY A. | Z 85622 | | ARIZONA CORP. COMMIS CURPURHANITA |
|----------------------------|---|---|--|
| | | | -vaccing a fulfilled |
| Business Phone: _ | | (Business phone is optional.) | コ |
| State of Domicile: _ | ARIZONA | _ Type of Corporation: | NON PLOFIT |
| 23. | ICHAEL W MURRAY I W ESPERANZA BLVD, STE REEN VALLEY, AZ 85614 | , <u>-</u> | eet or Physical Address, If Different. |
| Fee \$ | | signing below. Note that the agent | |
| Penalty \$ Reinstate\$ | | rporation or limited liability company) having s appointment until my removal or resignation | |
| Expedite \$ | Sigr | nature of <i>new</i> Statutory Agent | |
| Resubmit\$ | Prin | nted Name of <i>new</i> Statutory Agent | |

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

| J٢ | eck the one category | Delow which dest describes the CHARACTER OF | BUSINESS of your corporation. |
|----|-----------------------------|---|---|
| | BUSINESS CORPORATION | <u>SNC</u> | NON-PROFIT CORPORATIONS |
| | ☐ 1. Accounting | □ 20. Manufacturing | 1. Charitable |
| | 2. Advertising | | 2. E Benevolent |
| | ☐ 3. Aerospace | 22. News Media | 3. Educational |
| | 4. Agriculture | □ 23. Pharmaceutical | 4. 🖾 Civic |
| | 5. Architecture | | 5. 🖾 Political |
| | 6. Banking/Finance | | 6. 🔙 Religious |
| | ☐ 7. Barbers/Cosmetology | | 7. ⊑ Social |
| • | 8. Construction | | 8. 🚾 Literary |
| | 9. Contractor | | 9. 🚞 Cultural |
| | | | 10. 🖂 Athletic |
| | 11. Education | □ 30. Sports/Sporting Events | 11. 📺 Science/Research |
| | 📺 12. Engineering | 31. Technology(Computers) | 12. 📺 Hospital/Health Care |
| | ☐ 13. Entertainment | | 13. 📺 Agricultural |
| | 14. General Consulting | ☐ 33. Television/Radio | Cooperative Marketing Association |
| | 15. Health Care | ■ 34. Tourism/Convention Services | 15. 📺 Animal Husbandry |
| | 16. Hotel/Motel | ☐ 35. Transportation | 16. 📺 Homeowner's Association |
| | 17. import/Export | | 17. 🖂 Professional, commercial |
| | 18. Insurance | | industrial or trade association |
| | 19. Legal Services | □ 38. Other | 18. 💻 Other |

| 5. <u>CAPI</u> | TALIZATION: | | nd Business Trusts are <u>REQUIRED</u> to complete this section.) | | | |
|--------------------------|---------------------------------------|--|---|---|--|--|
| Busines estate. | s trusts must ind | cate the number of transferable ce | ertificates held | by trustees evidencing their beneficial interest in the trust | | |
| 5a. Ple Number | ease examine the of Shares/Certif | corporation's original Articles of Ir icates Authorized | corporation fo | or the amount of shares authorized . Series Within Class (if any) | | |
| | | | NONE | | | |
| 5b. Re | view all corporat | on amendments to determine if th | e original num | nber of shares has changed. Examine the corporation's | | |
| (111) | nutes for the nur of Shares/Certif | nder of snares issued . | Class | Series Within Class (if any) | | |
| | · · · | | NONE | | | |
| List shar | REHOLDERS: eholding n the corporation | (For-profit Corporations and Business more than 20% of any class of sl | Trusts are <u>REC</u> nares issued b | vy the corporation, or having more than a 20% beneficial | | |
| intoroge | • | | Nar | me. | | |
| NONE [| √ | | | ne: | | |
| | Name: | | Nar | ne: | | |
| 7. OFFIC | | NO. | | | | |
| Name: | BOB CHILD | | . Name: | JANE SLOAN | | |
| Title: | PRESIDENT | | _ Title: | VICE PRESIDENT | | |
| Address: | 343 W PLACITA SALUBRE | | _ Address: | 1673 RETORNE DE MANANA | | |
| | GREEN VAI | LLEY AZ 85614 | _ | GREEN VALLEY AZ 85614 | | |
| Date taki | ng office: <u>4/23</u> | /2010 | – Date taki | ng office: 4/23/2010 | | |
| Name: | ROSALIE B | RINKMEYER | Name: | NINA KECK | | |
| Title: | SECRETAR | 7 | _ Title: | TREASURER | | |
| Address: | PO BOX 427 | | _ Address: | PO BOX 566 | | |
| | SAHUARITA | AZ 85629 | _ | GREEN VALLEY AZ 85622 | | |
| Date taki | ng office: <u>4/23</u> | /2010 | – Date taki | ng office: 4/30/2011 | | |
| 8. <u>DIREC</u> | TORS | | | CASANOVA | | |
| Name: | GARY BRAS | HER | Name: | JIM GASTONOVA | | |
| Address: | PO BOX 566 | | _ Address: | PO BOX 566 | | |
| | GREEN VAL | LEY AZ 85622 | _ | GREEN VALLEY AZ 85622 | | |
| Date taki | ng office: <u>4/30</u> | /2011 | – Date takir | ng office: 4/23/2010 | | |
| Name: | JOE GILDO | W | Name: | DAN-CAVENAUGH | | |
| Address: | 5945 S MEAI | OOW HILLS LOOP | _ Address: | PO BOX 566 | | |
| | GREEN VAL | LEY AZ 85614 | _ | GREEN VALLEY AZ 85622 | | |
| Date takir | ng office: 4/23 | /2010 | - Date takir | ng office: 4/30/2011 | | |

| Plea | ase.E | Enter Corporation Name: <u>@WEVU VALLEY CHAMB</u> | en o | CONMENCE | _File numbe | er <u>0</u> 503/ | Page 3 <u>ځ ۲</u> ۰ |
|--|---|---|--|---|---|--|--|
| 9. <u>F</u> Non bala Coo finar | inan profi nce s perat ncial s | NCIAL DISCLOSURE (A.R.S. §10-11622(A)(9)) its — if your annual report is due on or before September 25, 2008, you sheet including assets, liabilities). If your nonprofit annual report is attive marketing associations must in all cases submit a financial statement no matter what date the annual report was due. | /ou <u>mus</u> due afte l stateme | t attach a financia r September 25, | al statement (d 2008, a finan | e.g. income/ex ncial statemen | pense statement, t is not required. |
| | | ONPROFIT CORPORATIONS MUST ANSWER THIS QUESTION MBERS (A.R.S. §10-11622(A)(6)) This C | | tion DOES 🔯 | DOES N | N OT □ ha√ | ve members. |
| 10. <u>(</u> A. | L. CERTIFICATE OF DISCLOSURE (A.R.S. §§ 10-202(D), 10-3202(D), 10-1622(A)(8) & 10-11622(A)(7)) Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been: | | | | | | |
| 1. 2. 3. | 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? 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? 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? | | | | | | |
| | | | One | box must b | e marked | i: YES 🗆 | NO 🗵 |
| | action 1. 2. 3. 4. | YES" to A, the following information must be submitted as an air ions stated in Items 1 through 3 above. Full birth name. Full present name and prior names used. Present home address. All prior addresses for immediately preceding 7 year period. | | ent to this report for Date and location The nature and | or each person on of birth. I description and location | n subject to or of each conv ; the court an | ne or more of the iction or judicial d public agency |
| В. | the in a | any person who is currently an officer, director, trustee, incorporate issued and outstanding common shares, or 20% of any other propary such capacity or held a 20% interest in any other corporation of "YES" to B, the following information must be submitted as a attement above. (a) Name and address of each corporation and the persons involute (b) State(s) in which it: (i) was incorporated and (ii) transacted (c) Dates of corporate operation. | orietary, to n the bar One n attachr | peneficial or mem akruptcy or receiv box must b nent to this report | bership intere ership of that e marked | est in the corp other corpora I: YES 🗆 | oration, served ation? |
| 11. <u>s</u> | TAT | EMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§ 10- | 1623 & 1 | 10-11623) | | | |
| А. | If "Y | the <u>corporation</u> filed a petition for bankruptcy or appointed a receives" to A, the following information <u>must be submitted</u> as an All officers, directors, trustees and major stockholders of the corpappointment of a receiver. If a major stockholder is a corporation board of directors and major stockholders of such corporate sto controlling twenty per cent of the issued and outstanding shares interest in the corporation. | attachme poration the stat ckholder | ent to this report: within one year of ement shall list th "Major stockhok | f filing the pet le current pre der" means a | ition for bankr sident, chairm shareholder r | nan of the possessing or |
| | 2. | Whether any such person has been an officer, director, trustee of bankruptcy or receivership of the other corporation. If so, for each (a) Name and address of each corporation; (b) States in which it: (i) was incorporated and (ii) transation. | h such c | orporation give: | y other corpo | oration within o | one year of the |
| l ded filed certi | lare, with ficate | ATURES: Annual Reports must be signed and dated by under penalty of perjury, that all corporate income tax returns the Arizona Department of Revenue. I further declare under the including any attachments, and to the best of my (our) known and the second of the second | require penalty | d by Title 43 of t of perjury that I | he Arizona R (we) have ex | Revised Statu | ites have been report and the |
| Nan | ne | Kobon + M. Childs Date 5/12/2 Name | | | | Date | |
| Sigr Title | atur | residual Abulica Signal | ture | | | | |
| | | (Signator(s) must be duly authorized corporate of | fficer(s) | listed in section | 7 of this re | nort) | · |