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

DUE ON OR BEFORE 04/27/1998

FILING FEE $10.00

The following information is required by A.R.S. §10-1622 & §10-2501 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. & §10-2545.A. YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. See instructions for proper format. REFER TO THE INSTRUCTIONS ON PAGE 4.

C.C. CORPORATIONS
RECEIVED
MAR 19 1998
DOCUMENTS ARE SUBJECT TO REVIEW BEFORE FILING

1. 9228 HOMEOWNERS' ASSOCIATION, INC.
% HARVEY PLATT
2916 N 7TH AVE
PHOENIX, AZ 85013

Corporation File Number: -0230518-8
RECEIVED
JUL 09 1998
ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

Business Phone: 602 277-4441 (Business phone is optional)
State of Domicile: ARIZONA #242 Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: HARVEY PLATT
Street Address: 2916 N 7TH AVE
(NOT P.O. BOX)
City, State, Zip: PHOENIX AZ 85013-

ACC USE ONLY	
Fee	$ 10
Penalty	$
Reinstate	$
Expedite	$
Total	$ 10
FY97-98	

PAID

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

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
__ 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. __ 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.

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

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: N/A **Name:**

NONE ☐

Name: **Name:**

7. OFFICERS (If no changes since last report, check here __ and go on to Section 8.)

Name: HARVEY PLATT **Name:**

Title: PRESIDENT/CEO Title:

Address: 2916 N 7TH AVE Address:

PHOENIX, AZ 85013-

Date taking office: 09-26-92 Date taking office:

Name: JUDY WALP **Name:** ROSALIE KANNE

Title: SECRETARY Title: TREASURER/Secretary

Address: C/O 9228 N 7TH AVE Address: 908 W AVALON

PHOENIX, AZ 85013- PHOENIX, AZ 85013-

Date taking office: 01-01-94 Date taking office: 01-08-93

8. DIRECTORS (If no changes since last report, check here __ and go on to Section 9.)

Name: ROSALIE KANNE **Name:** JUDY WALP

Address: 908 W AVALON Address: C/O 9228 N 7TH AVE

PHOENIX, AZ 85013- PHOENIX, AZ 85013-

Date taking office: 01-08-93 Date taking office: 01-01-94

Name: HARVEY PLATT **Name:** ~~JAMES CALLAGHAN~~

Address: 2916 N 7TH AVE Address: ~~7010 E NICOLET~~

PHOENIX, AZ 85013- ~~PHOENIX, AZ 85020~~

Date taking office: 09-26-92 Date taking office: ~~09-26-92~~

9228 Homeowner's Assn
12/31/97
Balance Sheet

Cash	$ 5313.63
Fund Balance	$ 5313.63

Form **1120-H**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for Homeowners Associations

▶ For Paperwork Reduction Act Notice, see page 4.

OMB No. 1545-0127

1997

For calendar year 1997 or tax year beginning January 1, 1997, and ending December 31, 1997

Use IRS label. Otherwise, please print or type.	Name	Employer identification number (see page 4)
	9228 Homeowners Association, Inc.	86-0676465
	Number, street, and room or suite no. (If a P.O. box, see page 4.) 908 W. Avalon	Date association formed
	City or town, state, and ZIP code Phoenix, AZ 85013	

Check if: (1) ☐ Final return (2) ☐ Change of address (3) ☐ Amended return

A Check type of homeowners association: ☐ Condominium management association ☐ Residential real estate association ☐ Timeshare association

B	Total exempt function income. Must meet 60% gross income test (see instructions)	B	17,504.94
C	Total expenditures made for purposes described in 90% expenditure test (see instructions)	C	16,322.79
D	Association's total expenditures for the tax year (see instructions)	D	16,322.79
E	Tax-exempt interest received or accrued during the tax year	E	0

Gross Income (excluding exempt function income)

1	Dividends	1	21.16
2	Taxable interest	2	
3	Gross rents	3	
4	Gross royalties	4	
5	Capital gain net income (attach Schedule D (Form 1120))	5	
6	Net gain (or loss) from Form 4797, Part II, line 18 (attach Form 4797)	6	
7	Other income (excluding exempt function income) (attach schedule)	7	
8	**Gross income** (excluding exempt function income). Add lines 1 through 7	8	21.16

Deductions (directly connected to the production of gross income, excluding exempt function income)

9	Salaries and wages	9	
10	Repairs and maintenance	10	
11	Rents	11	
12	Taxes and licenses	12	
13	Interest	13	
14	Depreciation (attach Form 4562)	14	
15	Other deductions (attach schedule)	15	
16	**Total deductions.** Add lines 9 through 15	16	
17	Taxable income before specific deduction of $100. Subtract line 16 from line 8	17	21.16
18	Specific deduction of $100	18	$100.00

COPY

Tax and Payments

19	**Taxable income.** Subtract line 18 from line 17	19	0.00
20	Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	20	0.00
21	Tax credits (see instructions)	21	
22	**Total tax.** Subtract line 21 from line 20. See instructions for recapture of certain credits	22	
23	**Payments:** a 1996 overpayment credited to 1997 — 23a		
	b 1997 estimated tax payments — 23b; c Total ▶ 23c		
	d Tax deposited with Form 7004 — 23d		
	e Credit for tax paid on undistributed capital gains (attach Form 2439) — 23e		
	f Credit for Federal tax on fuels (attach Form 4136) — 23f		
	g Add lines 23c through 23f	23g	
24	**Tax due.** Subtract line 23g from line 22. See instructions for depository method of tax payment	24	
25	**Overpayment.** Subtract line 22 from line 23g	25	
26	Enter amount of line 25 you want: **Credited to 1998 estimated tax** ▶ **Refunded** ▶	26	

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶ Date ▶ Title

Paid Preparer's Use Only

Preparer's signature ▶ Date 3/9/98 Check if self-employed ▶ ☐ Preparer's social security number 379-58-8250

Firm's name (or yours if self-employed) and address ▶ Sechler, CPA, PC
921 E. Orange Dr.,#2, Phoenix

EIN ▶ 86-0859647

ZIP code ▶ 85014

ISA
STF FED4051F

Form **1120-H** (1997)

ARIZONA FORM 120 — Arizona Corporate Income Tax Return — 1997

For taxable year beginning Jan 1, 19 97, and ending Dec. 31, 19 97.

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

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

Business telephone number	Use label. Otherwise please print or type	Name: 9228 Homeowners Association
		Number and street: 908 W. Avalon
Business activity code number (from your federal Form 1120)		City or town, state and ZIP code: Phoenix, AZ 85013

Federal employer ID number: 86-0676465

AZ withholding tax number:

AZ transaction privilege tax number:

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

For DOR use only

Information

68 A Did you file a federal consolidated return? ..... [ ] Yes [X] No
If yes, federal I.D. no. from consolidated return .....

B Arizona filing method: *check only one*
1 [X] Separate company 2 [ ] Combined 3 [ ] Consolidated

C If combined or consolidated, *see Form 51 instructions* — 88
Are there any additions/deletions to Form 51? ..... [ ] Yes [ ] No

D Is this the corporation's final Arizona return? ..... [ ] Yes [X] No
If yes, check one: Dissolved [ ] Withdrawn [ ] Merge/Reorg [ ]
Federal I.D. no. of the successor corporation ..... — 81 — 66

Income	1 Taxable income - per attached federal return, indicate 1120 [ ], 1120A [ ], 1120H [X], 1120F [ ], Other	1	.00
	2 Additions to taxable income - *from page 2, Schedule A, line A8*	2	0 .00
	3 Total taxable income - *add lines 1 and 2*	3	0 .00
	4 Subtractions from taxable income - *from page 2, Schedule B, line B10*	4	0 .00
	5 Adjusted income - *subtract line 4 from line 3*	5	0 .00
	WHOLLY ARIZONA CORPORATIONS GO TO LINE 13, MULTISTATE CORPORATIONS GO TO LINE 6.		
Apportionment Computation *(Multistate Corporations Only)*	6 Arizona adjusted income - *from line 5*	6	.00
	7 Nonapportionable or allocable amounts - *from page 3, Schedule D, line D8*	7	.00
	8 Adjusted business income - *subtract line 7 from line 6*	8	.00
	9 Arizona apportionment ratio - *see Schedule C instructions* — 9 .		
	10 Adjusted business income apportioned to Arizona - *line 8 multiplied by line 9*	10	.00
	11 Other income allocated to Arizona - *from page 3, Schedule E, line E7*	11	.00
	12 Adjusted income attributable to Arizona - *add lines 10 and 11*	12	.00
Arizona Taxable Income	13 Arizona income before NOL and taxes - *from line 5 or line 12*	13	0 .00
	14 Arizona basis net operating loss carryforward - *attach computation schedule*	14	.00
	15 Arizona income before taxes - *subtract line 14 from line 13*	15	0 .00
	16 Arizona income tax - *accrual basis taxpayers see Schedule F instructions and check box* [ ]	16	.00
	17 Arizona taxable income - *subtract line 16 from line 15*	17	0 .00
Tax and Credits	18 Enter tax. Tax is 9% of taxable income or fifty dollars ($50), whichever is greater	18	50 .00
	19 Tax from recapture of credits - *from Arizona Form 300, Part II*	19	.00
	20 Subtotal - *add lines 18 and 19*	20	50 .00
	21 Tax credits - *from Arizona Form 300, Part II*	21	.00
	22 Credit type - *enter form number for each credit claimed* — 22 [3] [3] [3]		
	23 Subtotal - *subtract line 21 from line 20.*	23	50 .00
	24 Correctional industries recapture tax - *from Arizona Form 300, Part II*	24	.00
	25 Tax liability - *add lines 23 and 24*	25	50 .00
Payments	26 Retroactive consolidation tax payment credit - *see instructions* — 26 .00		
	27 Tax paid when filing Arizona Form 120EXT - ***attach copy*** — 27 .00		
	28 Estimated tax payments made with Arizona Form 120ES — 28 .00		
	29 Total payments - *see instructions*	29	.00
Refund or Tax Due	30 Balance of tax due - *If line 25 is larger than line 29, enter balance of tax due. Skip line 31*	30	50 .00
	31 Overpayment of tax - *If line 29 is larger than line 25, enter overpayment of tax*	31	0 .00
	32 Penalty and interest	32	.00
	33 Estimated tax underpayment penalty and interest - ***If Form 220 is attached, check box*** [ ]	33	.00
	34 **TOTAL DUE** - payment must accompany return	34	50 .00
	35 **OVERPAYMENT**	35	0 .00
	36 Amount of line 35 to be applied to your 1998 estimated tax — 36 .00		
	37 Amount to be refunded - *subtract line 36 from line 35*	37	0 .00

Ext. Code 82

ADOR 06-0024 (97)
STF AZ30611F.1

Schedule A Additions to Taxable Income

A1	Taxes based on income paid to any state (including Arizona), local governments or foreign governments	A1	0	00
A2	Interest on obligations of other states, foreign countries, or political subdivisions	A2		00
A3	Special deductions claimed on federal return	A3		00
A4	Federal net operating loss deduction claimed on federal return	A4		00
A5	Federal income tax refunds received in the taxable year (wholly Arizona corporations only - *see instructions*)	A5		00
A6	Commissions and other expenses paid or accrued to a Domestic International Sales Corporation (DISC)	A6		00
A7	Other additions required - *attach schedule*	A7		00
A8	Total - *add lines A1 through A7 - enter here and on page 1, line 2*	A8	0	00

Schedule B Subtractions From Taxable Income

B1	Dividends received from corporations doing 50% or more of their business in Arizona	B1	0	00
B2	Dividends received from 50% or more controlled domestic corporations	B2		00
B3	Foreign dividend gross-up	B3		00
B4	Dividends received from foreign corporations	B4		00
B5	Dividends received from a DISC	B5		00
B6	Interest on U.S. obligations	B6		00
B7	Agricultural crops charitable contribution	B7		00
B8	Alternative fuel vehicles and equipment	B8		00
B9	Other subtractions allowable - *attach schedule*	B9		00
B10	Total - *add lines B1 through B9 - enter here and on page 1, line 4*	B10	0	00

Schedule C Apportionment Formula (Multistate Corporations Only)

The following information must be submitted by all corporations having income from sources both within and without Arizona. Average lines C1(a) through C1(f). Arizona requires a double-weighted sales factor. **See instructions on pages 12 and 13 before completing this section.**

	(a) Total within Arizona	(b) Total everywhere	(c) Ratio within Arizona (a) / (b)
C1 Average yearly value of real and tangible personal property:			
(a) Inventory	0	0	
(b) Depreciable assets - at original cost			
(c) Land			
(d) Other - *describe*			
(e) Less construction in progress			
(f) Less nonbusiness property			
(g) Net annual rent paid for leased property, multiplied by 8			
(h) Total real and tangible personal property used	0.00	0.00	0.000000
C2 Wages, salaries, commissions and other compensation of employees as shown per federal Form 1120 or payroll reports			
C3 (a) Gross sales, less returns and allowances			
(b) Sales delivered or shipped to Arizona purchasers:			
(1) Shipped from outside Arizona			
(2) Shipped from within Arizona			
(c) Sales shipped from Arizona to:			
(1) The United States Government			
(2) Purchasers in a state where the taxpayer would not be taxable (e.g. under Public Law 86-272)			
(d) Other gross receipts (rents, royalties, interest, etc.)			
(e) Total sales within Arizona			
(f) Double-weight sales factor	× 2		
(g) Sales factor ratio. For column (a), multiply line C3(e) by line C3(f); for column (b), add lines C3(a) and C3(d)			
C4 Total ratio - *add lines C1(h), C2 and C3(g), in column (c)*			0.000000
C5 Average ratio - *divide line C4 by four (4). Enter the result in column (c) and on page 1, line 9*			0.000000

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	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 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 refund received in 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 here and on page 1, line 11*	E7		00

Schedule F Arizona Tax Deduction Worksheet

NOTE: ACCRUAL BASIS TAXPAYERS THAT HAVE TAX FROM THE RECAPTURE OF TAX CREDITS OR ARE CLAIMING TAX CREDITS MUST USE THE SCHEDULE F WORKSHEET IN THE INSTRUCTIONS. DO NOT USE THE FORM 120 SCHEDULE F.

F1	Arizona income before taxes - *page 1, line 15*	F1	0	00
F2	Arizona tax rate	F2	.09	
F3	Subtotal: *Multiply line F1 by line F2*	F3	0	00
F4	1 plus the tax rate - *line F2*	F4	1.09	
F5	Total: *Line F3 divided by line F4 (if less than $50, enter the minimum tax of $50). Line F5 is your accrued Arizona tax deduction. Enter this amount on page 1, line 16. This should also equal the tax computed for page 1, line 18*	F5	50	00

Schedule G Schedule of Tax Payments

Name of corporation	Federal employer ID number	Date of payment	Type of payment	Amount of payment
			Total	

Schedule H — **Additional Information**

H1 Date business began in Arizona or date income was first derived from Arizona sources _____

H2 Audit to be conducted at Taxpayer

H3 Audit contact name and title Carolyn Sechler, CPA

H4 Audit contact telephone no. 230-2700

H5 Have you been notified of a change in your federal net income tax liability for any year prior to the filing of this return? N/A
State years N/A (Note: Under ARS § 43-327 you must report these changes under separate cover, when final, to the Arizona Department of Revenue.)
List years for which federal waivers are in effect at the close of this year and the date on which they expire _____

H6 Principal business activity Management

H7 Enter amount of Arizona taxable income for prior year 0

H8 Did the corporation pay withholding taxes to Arizona? If so, beginning which year N/A

H9 This return is made on the basis of: Cash [X] Accrual [ ] Other [ ] _____ (Specify method)

(Multistate Corporations Only)

H10 Does the Arizona sales figure in Schedule C include (1) all sales delivered from Arizona where purchaser is the U.S. Government and (2) all sales delivered from Arizona to states in which this corporation is immune under Public Law 86-272? If not, attach explanation.

H11 Are the amounts shown on lines 1 through 5 of schedule D and column (b), Schedule C the same as those reported in returns to other states under the Uniform Division of Income for Tax Purposes Act? If not, 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
Rosalie L Kanne	Treasurer	2/22/98
[signature]	President	2/25/98

Paid Preparer's Use Only

Preparer's signature	Date	
[signature]	2/19/98	

Firm's name (or preparer's, if self-employed)	Preparer's TIN
Sechler, CPA, PC	86-0859647
Firm's address	**ZIP code**
921 E. Orange Dr.,#2, Phoenix AZ	85014-3236

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-2501.A.6)

Only corporations that meet one or more of the following criteria must **attach** a financial statement (balance sheet including assets, liabilities and equity). The corporation is: 1) a **public service corporation** (e.g., public utility) as defined in Article XV, Section 2, Constitution of Arizona. 2) offers its **stock for sale** in transactions that are not exempt from A.R.S. §§ 44-1841 and 44-1842 as prescribed in §44-1844.A.1 (e.g., publicly traded). 3) a **nonprofit corporation**. All other forms of corporations are exempt from filing a financial disclosure.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-2505.A)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and 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:

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 (A.R.S. §10-202.D.2)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation?

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

If YES, enter the following: Chapter _____ Date Filed _____ Case Number _____

If "YES", 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. 2) The state in which each corporation was a) incorporated b) transacted business. 3) The dates of corporate operation.

12. CAUTION Signature requirements vary according to the type of corporation. **See the instruction sheet** for specific rules. Annual Reports submitted with incorrect signatures 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 3-16-98 Harvey B. Platt **Date** _____ **Name** ROSALIE L. KANNE **Date** 8/4/98

Signature _____ **Signature** Rosalie L Kanne

Title President **Title** Treasurer

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

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-2501.A.6)

Only corporations that meet one or more of the following criteria must **attach** a financial statement (balance sheet including assets, liabilities and equity). The corporation is: 1) a **public service corporation** (e.g., public utility) as defined in Article XV, Section 2, Constitution of Arizona. 2) offers its **stock for sale** in transactions that are not exempt from A.R.S. §§ 44-1841 and 44-1842 as prescribed in §44-1844.A.1 (e.g., publicly traded). 3) a **nonprofit corporation**. All other forms of corporations are exempt from filing a financial disclosure.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-2505.A)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and 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:

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 (A.R.S. §10-202.D.2)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation?

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

If YES, enter the following: Chapter _____ Date Filed _____ Case Number _____

If "YES", 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. 2) The state in which each corporation was a) incorporated b) transacted business. 3) The dates of corporate operation.

12. **CAUTION**: Signature requirements vary according to the type of corporation. **See the instruction sheet** for specific rules. Annual Reports submitted with incorrect signatures 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 Rosalie L Kanne Date 2/22/98 Name Harvey B. Platt Date 2/25/98

Signature ROSALIE L. KANNE Signature _____

Title Treasurer/Secretary Title President

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