



MONTANA SECRETARY OF STATE

January 14, 2026

CERTIFICATION LETTER

I, CHRISTI JACOBSEN, Secretary of State for the State of Montana, do hereby certify that

FOXTAIL HOMEOWNERS ASSOCIATION

filed its **2026 ANNUAL REPORT** in this office and has fulfilled the applicable requirements set forth in law. By virtue of the authority vested in this office, I hereby issue this certificate evidencing the filing is effective on the date shown below.

Certified File Number: D151869 - 16952305

Effective Date: January 14, 2026

Thank you for being a valued member of the Montana business community. I wish you continued success in your endeavors.

A handwritten signature in cursive script that reads "Christi Jacobsen".

Christi Jacobsen
Montana Secretary of State



STATE OF MONTANA
SECRETARY OF STATE
2026 ANNUAL REPORT

STATE OF MONTANA
-FILED-
SECRETARY OF STATE
File Number: 16952305
Date Filed: 1/14/2026 11:44:31 AM

Business Type																			
Business Type	Domestic Non-Profit Corporation																		
Business Sub-Type	Public Benefit Corporation with members																		
Business Name																			
Annual Report Year	2026																		
Name of Business Entity	FOXTAIL HOMEOWNERS ASSOCIATION																		
Montana File Number	D151869																		
Country of Organization	United States																		
State of Organization	Montana																		
Business Purpose	Neighborhood Homeowners Association																		
Business Mailing Address of Principal Office																			
Address	5836 FOXTAIL LOOP N BILLINGS, MT 59106-2214																		
Business Physical Address of Principal Office																			
Address	None																		
The registered agent on record is:																			
Registered Agent	BOB TURNQUIST Non-Commercial Registered Agent Agent Number RA00288995 Email Address blt5813@gmail.com Website Physical Address 5813 FOXTAIL LOOP N BILLINGS, MT 59106-2214 Mailing Address 5813 FOXTAIL LOOP N BILLINGS, MT 59106-2214																		
Directors																			
<table><thead><tr><th>Full Name</th><th>Business Mailing Address</th><th>Position</th><th>Email Address</th></tr></thead><tbody><tr><td>Bryan Meyers</td><td>5836 FOXTAIL LOOP N BILLINGS, MT 59106</td><td>Director</td><td>foxtailhoa1@gmail.com</td></tr><tr><td>Connie Wentz</td><td>5822 FOXTAIL LOOP S BILLINGS, MT 59106</td><td>Director</td><td>foxtailhoa1@gmail.com</td></tr><tr><td>Robert Turnquist</td><td>5813 FOXTAIL LOOP N BILLINGS, MT 59106</td><td>Director</td><td>foxtailhoa1@gmail.com</td></tr></tbody></table>				Full Name	Business Mailing Address	Position	Email Address	Bryan Meyers	5836 FOXTAIL LOOP N BILLINGS, MT 59106	Director	foxtailhoa1@gmail.com	Connie Wentz	5822 FOXTAIL LOOP S BILLINGS, MT 59106	Director	foxtailhoa1@gmail.com	Robert Turnquist	5813 FOXTAIL LOOP N BILLINGS, MT 59106	Director	foxtailhoa1@gmail.com
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Robert Turnquist	5813 FOXTAIL LOOP N BILLINGS, MT 59106	President	foxtailhoa1@gmail.com
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Declarations

☒ I confirm I have reviewed the information set forth in this Annual Report and that all information is correct and factual.

☒ I have been authorized by the business entity to file this document online.

☒ I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this document are true. I certify that I am signing this document as the person(s) whose signature is required, or as an agent of the person(s) whose signature is required, who has authorized me to place his/her signature on this document.

Signature

<i>Self</i>	<i>BRYAN D MEYERS</i>	<i>01/14/2026</i>
Signer's Capacity	Sign Here	Date

Position	Other Officer
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Daytime Contact

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Email	foxtailhoa1@gmail.com