



# Idaho Corporation Annual Report Form

File online at: [SOSBIZ.idaho.gov](http://SOSBIZ.idaho.gov)

Due on/Before: 12/31/2018

Reporting Year: 2018

Return completed form within 30 days to

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83702

Phone: (208) 334-2300

**Annual Report: No filing fee if received by due date.**

If reinstatement is required, the reinstatement fee is \$30.00.

**SOS Control Number:** 361038

**Filing Status:** Active-Good Standing

**General Business Corporation (D)**

**Date Formed:** 12/19/1996

**Formation Locale:** ID

**Name and Mailing Address:**

MINDEN WATER WELLS, INC.

307 HEIDEMAN RD

BONNERS FERRY, ID 83805

(1) Add or Change Mailing Address:

**Registered Agent (RA) and Registered Office (RO) Address:**

EDWARD A MINDEN

307 HEIDEMAN RD

BONNERS FERRY, ID 83805

(2) Change RA and/or RO Address:

Note: The Registered Office address must be an Idaho address.

**(3) New Registered Agent (RA) Signature:**

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.

Title	Name	Business Address	City, State, Zip
Pres.	Edward A. Minden	307 Heideman Rd	Bonnerr's Ferry, Id 83805
Vice Pres	" " "	" " "	" " " "
Sec	Gail Minden	" " "	" " " "
Treas	Gail Minden	" " "	" " " "

(5) Board of Directors names and business address (with zip code). Attach additional sheet if necessary.

Name	Business Address	City, State, Zip
Edward A. Minden	307 Heideman Rd	Bonnerr's Ferry, Id 83805

(5) Signature: Edward A. Minden

(6) Date: Dec 21, 2018

(7) Type/Print Name: Edward A. Minden

(8) Title: President

**Instructions:** Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating.

Sign and date this form and return to the address provided above.

B0027-7888 12/26/2018 10:39 AM Received by ID Secretary of State Lawrence Denney