

|                                                                                                                                                        |            |                                                                                                                                                                     |             |                                                                |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------|---------|-------------|--|
| No. <b>C 190616</b>                                                                                                                                    |            | <b>Due no later than Mar 31, 2018</b>                                                                                                                               |             | <b>2. Registered Agent and Address (NO PO BOX)</b>             |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |            | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>OWNERS MUTUAL IRRIGATION COMPANY<br>DAVID BRADLEY REED<br>2050 W 81 N<br>IDAHO FALLS ID 83402-5242 |             | DAVID BRADLEY REED<br>2050 W 81 N<br>IDAHO FALLS ID 83402-5242 |         |             |  |
|                                                                                                                                                        |            |                                                                                                                                                                     |             | 3. <u>New</u> Registered Agent Signature:*                     |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |            |                                                                                                                                                                     |             |                                                                |         |             |  |
| Office Held                                                                                                                                            | Name       | Street or PO Address                                                                                                                                                | City        | State                                                          | Country | Postal Code |  |
| DIRECTOR                                                                                                                                               | GARY DIXON | 11240 N 35 W                                                                                                                                                        | IDAHO FALLS | ID                                                             | USA     | 83402       |  |
| SECRETARY                                                                                                                                              | BRAD R     | 2050 W 81 N                                                                                                                                                         | IDAHO FALLS | ID                                                             | USA     | 83402       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 190616</b>                                                                                          |            | 6. Annual Report must be signed.*<br>Signature: D Brad Reed<br>Name (type or print): D Brad Reed<br>Date: 02/03/2018<br>Title: pres                                 |             |                                                                |         |             |  |
| Processed 02/03/2018                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                                           |             |                                                                |         |             |  |