



Idaho Corporation Annual Report Form

File online at: sosbiz.idaho.gov



Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

For Office Use Only

-FILED-

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

Due no later than: 11/30/2022

SOS Control Number: 273846

Filing Status: Active-Good Standing

Non-Profit Corporation (D)

Date Formed: 11/25/1988

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

SCENIC VIEW ACRES SUBDIVISION WATER USERS ASSOCIATION CORPORATION

90 BAILEY CREEK RD

SODA SPRINGS, ID 83276-5600

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

(2) Change RA and/or RO Address:

DAN NEUMAN

89 BAILEY CREEK RD

SODA SPRINGS, ID 83276

Note: The Registered Office address must be a physical Idaho address (no postal box).

(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
PRESIDENT	DAN NEUMAN	89 BAILEY CREEK ROAD	SODA SPRINGS, IDAHO 83276
SECRETARY	ARLENE BAILEY	90 BAILEY CREEK ROAD	SODA SPRINGS, IDAHO 83276
TREASURER			

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

Name	Business Address	City, State, Zip
JASON & KELLY MOORE	124 BAILEY CREEK ROAD	SODA SPRINGS, IDAHO 83276
LON GUMMERSALL	159 BAILEY CREEK ROAD	SODA SPRINGS, IDAHO 83276
JAN & DEANNA JONES	223 BAILEY CREEK ROAD	SODA SPRINGS, IDAHO 83276
CHRIS & MISHA DAVIS	160 BAILEY CREEK ROAD	SODA SPRINGS, IDAHO 83276
DAN & CAMERIE NEUMAN	89 BAILEY CREEK ROAD	SODA SPRINGS, IDAHO 83276
TOM & ARLENE BAILEY	90 BAILEY CREEK ROAD	SODA SPRINGS, IDAHO 83276

(5) Signature:

Arlene Bailey

(6) Date:

OCTOBER 17, 2022

(7) Type/Print Name:

ARLENE BAILEY

(8) Title:

SECRETARY / TREASURER

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

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