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Idaho Corporation Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 10/31/2021

Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720

	muai Keport. No ming	iee ii received by the due date.	Phone: (208) 334-2300
SOS Cont	rol Number: 430022	Filing Status: Active-Goo	od Standing
Non-Profit Corporation (D)		Date Formed: 10/15/2001	1 Formation Locale: ID
GATEWAY RHEA MO 3993 N GA		mber: 430022 Filing Status: Active-Good Standing ration (D) Date Formed: 10/15/2001 Formation Locale: ID ng Address: (1) Add or Change Mailing Address: IEOWNERS AND WATER COMPANY, INC. AY DR 10 83204-7110 nt (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address: AY DR 10 83204 Note: The Registered Office address must be a physical Idaho address (no postal box). 11 red Agent (RA) Signature: (1) And address (no postal box). 12 red Agent (RA) Signature: (1) And address (no postal box). 13 red Agent (RA) Signature: (1) And address (no postal box). 14 re new agent must sign here to accept the appointment later names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer. 15 names and business addresses (with zip code). Attach additional sheet if necessary. 15 names and business addresses (with zip code). Attach additional sheet if necessary. 15 names and business addresses (with zip code). Attach additional sheet if necessary. 16 Date: (1) State, Zip 17 Sabot (1) Sabot (1	
BRUCE RE 3976 N GA		stered Office (RO) Address:	
(4) Corporati	egistered Agent (RA) S	ingnature: If a new age it is appointed in its ss addresses (with zip code) of the President,	tem (2) above, the new agent must sign here to accept the appointment t, Vice President, Secretary, Treasurer.
Title	Name	Business Address	City, State, Zip
(5) Board of	Directors names and business	addresses (with zip code). Attach additional	I sheet if necessary.
Name		Business Address	City, State, Zip
Khe	<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	3993 N. Gateway	1 Br. Recatelle Id 8320
Ster	e Johnson	3.000	ay Dr. Gratello Id 83201
Typy	- Salas	3936 M. Gateur	24 Dr. Hocatello Id 8320
J08N	Cameron	и	1,6 ,6 1/
	. <u></u>		
(5) Signature:	This m	052-1	(6) Date: Q - 21.22
(7) Type/Print	Name: Rhoa	Woser	(8) Title: Prosident

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