No. C 39330		Due no later than Mar 31, 2018			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		BOB WESTFALL				
		1. Mailing Address: Correct in this box if needed. BLANCHARD COOPERATIVE WATER ASSOCIATION, INC. ATTN BOB WESTFALL PO BOX 36 BLANCHARD ID 83804			22 MASON RD BLANCHARD ID 83804			
					3. New Registered Agent Signature:*			
4. Corporations: Enter N	Names and Busin	ess Addresses	of President, Secretary, and Directors. Trea	asurer (optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT	JOE HUTCHI	SON	P.O. BOX 36		BLANCHARD	ID	USA	83804
VICE PRESIDENT	AARON MAG	SEE .	P.O. BOX 36		BLANCHARD	ID	USA	83804
TREASURER	BOB WESTF	ALL	P.O.BOX36		BLANCHARD	ID	USA	83804
SECRETARY	DEBORAH KI	JHN	BOX 36		BLANCHARD	ID	USA	83804
DIRECTOR	GARY MCBR	IDE	P.O.BOX 36		BLANCHARD	ID	USA	83804
DIRECTOR	SHELLY CARTER		P.O. BOX 36		BLANCHARD	ID	USA	83804
DIRECTOR	LARRY LAWS	SON	P.O.BOX 36		BLANCHARD	ID	USA	83804
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 39330		Signature: Bob westfall		Date: 06/11/2018				
		Name (type or print): Bob westfall			Title: Tres			
Processed 06/11/2018		* Electronically	provided signatures are accepted as origin	nal sign	atures.			