

No. C 58402

Due no later than May 31, 2001
Annual Report Form

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

**NO FILING FEE IF
RECEIVED BY DUE DATE**

1. Mailing Address - Correct in this box, if applicable

THOMAS ESTATES WATER COMPANY
KAREN SESSIONS
ROUTE 1, BOX 113 D
SALMON, ID 83467

2. Registered Agent and Office **NO PO BOX**

CRAIG KIERNES
ROUTE 1, BOX 91

SALMON, ID 83467

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Craig Kiernes	Rt 1 Box 91	Salmon	Id	83467
Vice Pres	Jim Sessions	9 Twin Sister Circle	Salmon	Id	83467
Secretary	Karen Sessions	" "	"	"	"

5. Organized Under the Laws of:

IDAHO
C 58402

6.

Signature

Name (Typed or
Printed)

Karen Sessions

Date

3/19/01

Title

Time

secretary