

No. C 58402	Due no later than May 31, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX CRAIG KIERNES ROUTE 1, BOX 91 SALMON, ID 83467																								
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		3. <u>New</u> Registered Agent Signature																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Craig Kiernes</td> <td>Rt 1 Box 91</td> <td>Salmon</td> <td>Id</td> <td>83467</td> </tr> <tr> <td>Vice Pres</td> <td>Jim Sessions</td> <td>9 Twin Sister Circle</td> <td>Salmon</td> <td>Id</td> <td>83467</td> </tr> <tr> <td>Secretary</td> <td>Karen Sessions</td> <td>" "</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				<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	" "	"	"	"
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5. Organized Under the Laws of: IDAHO C 58402		6. Signature <u>Karen Sessions</u> Date <u>3/19/01</u> Name <small>(Typed or Printed)</small> <u>Karen Sessions</u> Title: <u>secretary</u>																									