No. <b>C 53454</b>	Annual Report Form  1. Mailing Address - Correct in this box. if an STANLEY BASIN WELL OWNERS ASSOCIATE AND ANNUAL OWNERS ASSOCIATED AND ANNUAL OWNERS ASSOCIATED ANNUAL OWNERS ASSOCIATED AND AND ANNUAL OWNERS ASSOCIATED AND AN		2. Registered Agent and Office NO PO BOX  HELEN I ARNOLD 1094 DESERTVIEW DR  TWIN FALLS, ID 83301  3. New Registered Agent Signature	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF				
RECEIVED BY DUE DATE				
4. Corporations: Enter Nan	nes and Business Ad	Idresses of President, Secretar	v and Directors.	
	E. Gray I. Arnold	255 Los Lagos P.O.Box 326 1094 Desertview Dr P.O.Box 5973	Ketchum,	ID, 83353 ID, 83301 ID, 83340
5. Organized Under the Laws of:  6.  Signatur			Secri	2-02 stae¥-
C 53454	Name (Typ	ed)	Title Trea	surer
-		Not Tape or Staple		