

No. W 112950		Reinstatement Annual Report Form ADMIN DISSOLVED 07/23/2018		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL HARRISON 1655 MAIN ST. BOISE ID 83702-8361																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IDAHO WATER MANAGEMENT LLC MICHAEL HARRISON PO BOX 99 EAGLE ID 83616																																						
REINSTATEMENT FEE DUE: \$30.00				3. New Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																								
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5">MICHAEL HARRISON P.O. Box 99 Eagle ID</td> <td>83616</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></td> <td></td> </tr> </tbody> </table>						Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	MICHAEL HARRISON P.O. Box 99 Eagle ID					83616	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 112950		6.		<p>Signature: </p> <p>Name (type or print): Michael Harrison</p> <p>Date: 8-8-18</p> <p>Title: Manager</p>																																				
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INSTRUCTIONS FOR THE TRADE ANNUAL REPORT FORM