

No. C 167471	Due no later than Jun 30, 2011 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. TPM WATER SYSTEMS, INC. PAUL E SHAFER 1223 BURRELL AVE LEWISTON ID 83501-5509	EDWARD D SHAFER 1223 BURRELL AVE LEWISTON ID 83501				
		3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	EDWARD D SHAFER	1223 BURRELL AVE	LEWISTON	ID	USA	83501-5509
SECRETARY	CATHERINE M. SHAFER	1223 BURRELL AVENUE	LEWISTON	ID	USA	83501-5509
DIRECTOR	PAUL E. SHAFER	1223 BURRELL AVENUE	LEWISTON	ID	USA	83501-5509
DIRECTOR	CATHERINE M. SHAFER	1223 BURRELL AVENUE	LEWISTON	ID	USA	83501-5509
DIRECTOR	EDWARD D. SHAFER	1223 BURRELL AVENUE	LEWISTON	ID	USA	83501-5509
5. Organized Under the Laws of: ID C 167471	6. Annual Report must be signed.* Signature: Ed Sahfer Name (type or print): Ed Sahfer		Date: 06/15/2011 Title: President			
Processed 06/15/2011		* Electronically provided signatures are accepted as original signatures.				