

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 06-30-1990

No. 70140 Return To Secretary of State Room 203, State House Boise, ID 83720 NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1990 1. Mailing Address — Please Correct WATER USERS' ASSOCIATION OF BRUCE STETTLER 6401 OREANA DRIVE BOISE ID 83709	2. Registered Agent and Office BRUCE STETTLER 6401 OREANA DRIVE BOISE ID 83709 277 3. Incorporated Under The Laws of ID NO: 070140																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Echols, Robert Lee SR</td> <td>6000 ELKHORN</td> <td>Boise</td> <td>ID</td> <td>83709</td> </tr> <tr> <td>Secretary:</td> <td>STETTLER, Bruce</td> <td>6401 Oreana Dr.</td> <td>Boise</td> <td>ID</td> <td>83709</td> </tr> <tr> <td>Directors:</td> <td colspan="5"> In addition to the above Petersen, Wayne O. 5959 Twinspring, Boise ID, 83709 </td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	Echols, Robert Lee SR	6000 ELKHORN	Boise	ID	83709	Secretary:	STETTLER, Bruce	6401 Oreana Dr.	Boise	ID	83709	Directors:	In addition to the above Petersen, Wayne O. 5959 Twinspring, Boise ID, 83709				
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5. Nature of Business Water users, Lateral Supply	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Bruce W Stettler</u> Date <u>10-12-90</u> Name (Typed or Printed) <u>BRUCE W. STETTLER</u> Title <u>Sec.</u>																									