No. C 119904	Due no later than Jun 30, 2011		2. Registered Ager BOX)	2. Registered Agent and Office (NOT A P.O. BOX)		
Return to:	Annual Report Form		_ ALVIN E WILKIE			
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720	Mailing Address: Correct in this box if needed. DMS WATER ASSOCIATION, INC.			31435 CARAVELLE RD ATHOL ID 83801 3. New Registered Agent Signature.		
NO FILING FEE IF RECEIVED BY DUE DATE	PO BOX 765 ATHOL ID 83801-	PO BOX 765 ATHOL ID 83801-9184				
4. Corporations: Enter N	lames and Business Addre	esses of President, Secretary, Dir	rectors and (optional)	Treasurer.		
Office Held N	ame	Street or PO Address	City Stat	te Country	Postal Code	
PRESIDENT.	ALVINE, WILKIE	3/435 N. CARAVELLE	RD. ATHOL	ID, UIS.	83801	
VICE PRESIDENT	DON MOHLER	31760 N. CARAVGLLE	RD ATHOL		. 83801	
SECRETARY R	oby phelps	31361 ALCARAVELLE	RD ATHOL	ID. U.S	83801 1	
5. Organized Under the Law		0 1:	11.	·		
IDAĤO	Signature:	low 8. Wes	lkii	Date: 6	2-8-11	
C 119904	Name (type or p	orint): ALVIN E. Le	JILKIE	Title:	SIDEAT	
Issued 04/28/2011 by KAH					104942	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address in Block 1: strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be