No. C	112903	L 1	nual Report Form Later Than November		Registered Agen		A P.O. BOX
	Y OF STATE	1. Mailing Address -	Please Correct, If Not C	orrect	FLOYD 0 13562 W)
700 WEST PO BOX 83 BOISE, ID		l stava a c	WATER USERS OHVSON	' ASSOC	POCATELL	ei c.	83202
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* 5483	P NOTICE *	REATELLO	ID 3	3292	10	c113	3983
		nd Addresses of Presidenter Names and Address			heck one)		
Office hel	ld <u>Name</u>	!	Street or P.O. Address	_	City	State	Zip
Chairn	man Floye	l Johnson W HANDEN	13562 W. Ty	hee Rd.	Pacatello	, Id.	83202
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5. Natur	E OF BUSINE	SS kno	rtify that this Annual R wledge true, correct ar nature				est of my
NATUR	E OF BUSINE	SS kno Sign	wiedge true correct ar	nd complete.	Dațe _	12/14/	96
DEV		SS kno Sign RESOURCES Nam	wiledge true correct ar	nd complete.	Dațe _	12/14/	96