No. C 27163		Due no later than May 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. ROSWELL COOPERATIVE SEWERAGE CO. MIKE KELLY 28169 KLAHR ROAD PARMA ID 83660		2. Registered A	2. Registered Agent and Address (NO PO BOX) MIKE KELLY 28169 KLAHR ROAD PARMA ID 83660 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				28169 KLAH PARMA ID				
4. Corporations: Enter N	ames and Busin	ess Addresses of Preside	ent, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	NORM BOND		P.O. BOX 534	PARMA	ID	USA	83660	
DIRECTOR	NEDRA BENNETT		25927 STEPHEN LANE	PARMA	ID	USA	83660	
DIRECTOR	CTOR GARY HICKMAN		P.O. BOX 441	PARMA	ID	USA	83660	
TREASURER	MIKE KELLY		25660 STEPHEN LANE	PARMA	ID	USA	83660	
PRESIDENT	LARRY STORY		28283 HIGHWAY 18	PARMA	ID	USA	83660	
DIRECTOR	TRINITY JAC	CKSON	25948 VERMONT	PARMA	ID	USA	83660	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 27163		Signature: Mike Kelly			Date: 04/28/2016			
		Name (type or print): Mike Kelly			Title: Treasurer			
Processed 04/28/2016 * Electronically provided signatures are accepted as original signatures.								