

No. C 167471	Due no later than Jun 30, 2018 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
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
PRESIDENT	EDWARD D SHAFER	1223 BURRELL AVE	LEWISTON	ID	USA	83501-5509
5. Organized Under the Laws of: ID C 167471	6. Annual Report must be signed.* Signature: Ed Shafer Name (type or print): Ed Shafer		Date: 06/21/2018 Title: president			
Processed 06/21/2018		* Electronically provided signatures are accepted as original signatures.				