No. <b>C 135137</b>		Due no later than Aug 31, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  WILDHORSE LIVESTOCK WATER USERS ASSOCIATION, INC. LAURIE KOWITZ  171 N HWY 77  DECLO ID 83323		474 511 8404	LAURIE KOWITZ 171 N HWY 77 DECLO ID 83323  3. New Registered Agent Signature:*			
				, INC. DECLO ID				
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registe				
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pres	sident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	LAURIE KOWITZ		171 N HWY 77	DECLO	ID	USA	83323	
PRESIDENT	JOHN PEAVEY		P.O. BOX 88	CAREY	ID	USA	83320	
DIRECTOR	BRIAN BEAN		P.O. BOX 2249	HAILEY	ID	USA	83323	
DIRECTOR	JAY FAULKNER		1897 E 2000 S	GOODING	ID	USA	83330	
DIRECTOR	JOHN PEAVY		PO BOX 88	CAREY	ID	USA	83320	
DIRECTOR	DENIS KOWTIZ		171 N HWY 77	DECLO	ID	USA	83323	
DIRECTOR	JAMES CENA	ARRUSA	PO BOX 65	CAREY	ID	USA	83320	
5. Organized Under the Laws of:		6. Annual Report mu						
ID		Signature: Laurie kowitz			Date: 09/21/2018			
C 135137		Name (type or print): Laurie kowitz			Title: Secretary			
Processed 09/21/2018	* Electronically provided signatures are accepted as original signatures.							