No. C 42747		Due no later than Aug 31, 2010		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MIKE KELL	MIKE KELLY			
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.			25660 STEPHEN LN PARMA ID 83660			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		ROSWELL WATER USERS COOPERATIVE COMPANY MIKE KELLY 25660 STEPHEN LN PARMA ID 83660			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		FANNA ID 63000		J. <u>INCW</u> Regist	5. 1.1.1. Registered Agent Signature.			
1. Corporations: Ent	er Names and Busin	ess Addresses of	President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	TRINITY JAC	CKSON	25948 VERMONT	PARMA	ID	USA	83660	
DIRECTOR	ECTOR GARY HICKM		P.O. BOX 441	PARMA	ID	USA	83660	
DIRECTOR	RECTOR NEDRA BENN		25927 STEPHEN LANE	PARMA	ID	USA	83660	
IRECTOR NORM BOND)	P.O. BOX 534	PARMA	ID	USA	83660	
TREASURER	EASURER MIKE KELLY		25660 STEPHEN LANE	PARMA	ID	USA	83660	
PRESIDENT	T LARRY STORY		28283 HIGHWAY 18	PARMA	ID	USA	83660	
5. Organized Under the Laws of: 6.		6. Annual Report must be signed.*						
ID		Signature: Mike Kelly			Date: 06/28/2010			
C 42747		Name (type or print): Mike Kelly Title: Treasurer						
Processed 06/28/20	10	* Electronically p	rovided signatures are accepted as origina	l signatures.				