

No. <b>W 10883</b>	<b>Due no later than Jan 31, 2001</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable TWIN FALLS WATER COMPANY, L.L.C.  217 LINCOLN  TWIN FALLS, ID 83301		TOM MIKESELL 217 LINCOLN  TWIN FALLS, ID 83301													
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager Partner</td> <td>Tom Mikesell</td> <td>217 Lincoln St</td> <td>Twin Falls</td> <td>Id.</td> <td>83301</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager Partner	Tom Mikesell	217 Lincoln St	Twin Falls	Id.	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Manager Partner	Tom Mikesell	217 Lincoln St	Twin Falls	Id.	83301											
5. Organized Under the Laws of:  IDAHO W 10883		6. Signature <i>Tom Mikesell</i> Name (Typed or Printed) <u>Tom Mikesell</u> Date <u>11/10/00</u> Title: <u>Manager Partner</u> ✓														

Issued 11/01/2000

Do Not Tape or Staple