



Idaho Corporation Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 12/31/2021

Return completed form within 30 days to:

B0671-3097 01/21/2022

Received

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720

Phone: (208) 334-2300

| Annual | Report: No | o filing tee ii | received by | tne due date. |
|--------|------------|-----------------|-------------|---------------|
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Filing Status: Active-Good Standing SOS Control Number: 141618

Date Formed: 12/31/1970 Non-Profit Corporation (D)

Formation Locale: ID

Name and Mailing Address:

SALMON RIVER MEADOWS MUTUAL WATER CO.

KATHY M. BAILEY 124 QUAIL RD

SALMON, ID 83467-5195

(1) Add or Change Mailing Address:

Registered Agent (RA) and Registered Office (RO) Address:

BRUCE EMPEY 126 OLD STAGE RD **SALMON, ID 83467**

(2) Change RA and/or RO Address: K athy C. Hogg 235 Old Stage Rd. Salmon, Id. 83467

Note: The Registered Office address must be a physical Idaho address (no postal box).

| | (3) | New | Registe | ered Aa | ent (RA) | Signature: |
|--|-----|-----|---------|---------|----------|------------|
|--|-----|-----|---------|---------|----------|------------|

f a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

| Title | Name | Business Address | City, State, Zip |
|-----------|-----------------|------------------|-------------------|
| Bresident | Kathy C. Hogg | 124 Quail Rd. | Salmon, Id. 83467 |
| Presiden | t Brian Ford | 124 Quail Rd. | Salmon, Id. 83467 |
| Sec/trea. | Kathy M. Bailey | 124Quail Rd. | Salmon, Id. 83467 |

(5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary.

| Name | Business Address | City, State, Zip |
|-----------------|------------------|-------------------|
| Allen Marguette | 124 QuailRd. | Salmon, Id. 83467 |
| Jed Edelmayer | 124 Quail Rd. | SaLMON, Id. 83467 |
| David Ayres | 124 Quail Rd. | Salmon, Id. 83467 |
| Rita Erbsberger | 124 Quail Rd. | Salmon, Id. 83467 |
| Dean Morris | 124 Quail Rd. | Salmon, Id. 83467 |
| | | |
| | | |

(5) Signature:

(6) Date:

(7) Type/Print Name: Kathy Bailey Μ.

(8) Title: Secretary

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

Lawerence, Denney