

|                                                                                                                                                        |                |                                                                                                                                                                                   |           |                                                                 |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------|---------|-------------|--|
| No. <b>C 167272</b>                                                                                                                                    |                | <b>Due no later than Jun 30, 2017</b>                                                                                                                                             |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>              |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>VALLEY VIEW ESTATES WATER USERS ASSOCIATION, INC.<br>ROBERT L ANGLE<br>9473 W KATIE MT DR<br>POCATELLO ID 83204-7235 |           | ROBERT L ANGLE<br>9473 W KATIE MT DR<br>POCATELLO ID 83204-7235 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                                   |           | 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 |  |
| PRESIDENT                                                                                                                                              | ROBERT L ANGLE | 9473 W. KATIE MOUNTAIN DR.                                                                                                                                                        | POCATELLO | ID                                                              | USA     | 83204       |  |
| TREASURER                                                                                                                                              | SHAWN BEARDEN  | 1368 N. GALE MOUNTAIN RD.                                                                                                                                                         | POCATELLO | ID                                                              | USA     | 83204       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 167272</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Robert L Angle<br>Name (type or print): Robert L Angle                                                                            |           |                                                                 |         |             |  |
|                                                                                                                                                        |                | Date: 04/27/2017<br>Title: President                                                                                                                                              |           |                                                                 |         |             |  |
| Processed 04/27/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                         |           |                                                                 |         |             |  |