No. <b>C 79675</b>		Due no later than Oct 31, 2012	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		KARLA DIMMETT 406 PEARSOL LOOP CASCADE ID 83611  3. New Registered Agent Signature:*			
SECRETARY OF STATE	1. Mailin	1. Mailing Address: Correct in this box if needed.  CASCADE SWIMMING POOL ASSOCIATION, INC.  KARLA DIMMETT  406 PEARSOL LOOP  CASCADE ID 83611					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Karla di 406 Pears						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and	d Business Addresses	of President, Secretary, and Directors. Treasu	urer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY JUNE	WARDEN	P.O. BOX 1079	CASCADE	ID	USA	83611	
	DIMMETT	406 PEARSOL LOOP	CASCADE	ID	USA	83611	
TREASURER DIXIE	HITT	108 PINE ST.	CASCADE	ID	USA	83611	
5. Organized Under the Laws of:	6. Annual Re	6. Annual Report must be signed.*					
ъ	Signature	Signature: Karla Dimmett		Date: 10/10/2012			
C 79675	Name (typ	Name (type or print): Karla Dimmett		Title: Director			
Processed 10/10/2012	* Electronically provided signatures are accepted as original signatures.						