Idaho Corporation Annual Report Form       Idaho Corporation Annual Report Form         File online at:       sosbiz.idaho.gov		
Return completed for	n within 30 days to:	For Office Use Only
Idaho Secretary of State		-FILED-
Attn: Annual Reports 450 North 4th Street		
Boise, ID 83720		File #: 0005402686
Phone: (208) 334-2300		Date Filed: 9/15/2023 10:26:00 AM
Annual Report: No filing fee if received by the due date. Due no later than: 08/3		Due no later than: 08/31/2023
E a construction of the second standing		
Non-Profit Corporation (D)	-	ation Locale: ID
	(1) Add or Chan	ge Mailing Address:
Name and Mailing Address:     (1) Add or Change Mailing Address.       LAKESIDE WATER ASSOCIATION, INC.       DEBORAH HAM       2316 E 55TH AVE       SPOKANE, WA 99223-7919		
Registered Agent (RA) and Registered Office (RO) Address:       (2) Change RA and/or RO Address:       (2) Change RA and/or RO Address:         DEBORAH S HAM       (2) Change RA and/or RO Address:       (2) Change RA and/or RO Address:       (2) Change RA and/or RO Address:         475 W CONKLING PARK DR       (2) Change RA and/or RO Address:       (2) Change RA		
Note: The Registered Office address must be a physical Idaho address (no postal box). (3) New Registered Agent (RA) Signature: If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.		
(4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.		
Title Name	Business Address	City, State, Zip
Averident Stuart Arysen		Wodry, LU & Jo /le
	typ 121 W hade Lare	Moster to the
Frequirer No borgh Ham	288912. Kranter (Sircle	Wostey IR Rattle
(5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary.		
Name	Business Address	City, State, Zip
	h	1/1 - TI 82651
Gerry Wright	37 Sherry Lane	Morley, 10 0-18 /12 0
		<u> </u>
		1
		lQ
		<b>N</b>
(5) Signature: Nethorah Ham K (6) Date: 9/12/21 PAP/32		
$\frac{1}{10000000000000000000000000000000000$		
(7) Type/Print Name: Celevin Aam (8) Title: /veatures //d/d.		

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