

| No. C 107925 | | Due no later than Oct 31, 2009 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|--------------------|--|------------|---|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. IDAHO WATER EDUCATION FOUNDATION, INC. PATRICIA BARCLAY 5685 PARAPET CT BOISE ID 83703 | | PATRICIA BARCLAY 5685 PARAPET CT BOISE ID 83703 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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 | |
| DIRECTOR | BRENDA TOMINAGA | PO BOX 2624 | BOISE | ID | USA | 83701 | |
| DIRECTOR | NORM SEMANKO | 1010 W. JEFFERSON STREET #101 | BOISE | ID | USA | 83701 | |
| DIRECTOR | JULIE SCANLIN | 322 E. FRONT ST. #201 | BOISE | ID | USA | 83702 | |
| DIRECTOR | BRIAN SAUER | 1150 N. CURTIS ROAD | BOISE | ID | USA | 83706 | |
| DIRECTOR | STEPHANIE RADDATZ | 8248 W. VICTORY ROAD | BOSIE | ID | USA | 83709 | |
| DIRECTOR | LARRY PENNINGTON | 921 LINCOLN | JEROME | ID | USA | 83338 | |
| DIRECTOR | JERRY NORTHRUP | 1623 POWERS AVENUE | LEWISTON | ID | USA | 83501 | |
| DIRECTOR | HOWARD NEIBLING | PO BOX 1827 | TWIN FALLS | ID | USA | 83303 | |
| DIRECTOR | SHIRLEY LINDSTROM | 450 W. STATE STREET | BOISE | ID | USA | 83720 | |
| DIRECTOR | CATHERINE CHERTUDI | PO BOX 150 | BOISE | ID | USA | 83701 | |
| DIRECTOR | RANDY BINGHAM | 100 SOUTH 246 EAST | BURLEY | ID | USA | 83318 | |
| DIRECTOR | BUTCH ANDERSON | 68 WILDERNESS WAY | BOISE | ID | USA | 83716 | |
| DIRECTOR | DENNIS HEAPS | PO BOX 226 | NOTUS | ID | USA | 83656 | |
| DIRECTOR | JOE COOPER | 921 LINCOLN | JEROME | ID | USA | 83338 | |
| PRESIDENT | BRIAN OLSTEAD | PO BOX 326 | TWIN FALLS | ID | USA | 83303 | |
| 5. Organized Under the Laws of: ID C 107925 | | 6. Annual Report must be signed.* Signature: Patricia A. Barclay Name (type or print): Patricia A. Barclay | | | | | |
| | | Date: 10/26/2009 Title: Administrator | | | | | |
| Processed 10/26/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |