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| No. C 46160 | | Due no later than Sep 30, 2015 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | ARCHIE ORTH 34074 N FIR BAYVIEW ID 83803 | | | |
| | | 1. Mailing Address: Correct in this box if needed. SCHAEFFER ADDITIONS WATER ASSOCIATION, INC. COLLEEN E CARISS P. O. BOX 282 BAYVIEW ID 83803-0282 | | 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 | JOSEPH CARISS | 16260 E 5TH P O BOX 267 | BAYVIEW | ID | USA | 83803-0267 | |
| SECRETARY | COLLEEN E CARISS | 16260 E 5TH P O BOX 267 | BAYVIEW | ID | USA | 83803-0267 | |
| 5. Organized Under the Laws of: ID C 46160 | | 6. Annual Report must be signed.* Signature: Colleen Cariss Name (type or print): Colleen Cariss | | | | | |
| Date: 09/30/2015 Title: Secretary | | | | | | | |
| Processed 09/30/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |