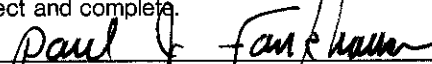
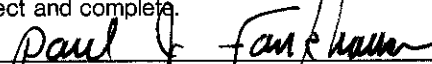
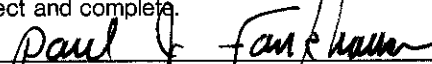


No. 61076	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1990</i>		2. Registered Agent and Office PAUL FANKHAUSER 180 N. BROADWAY BLACKFOOT ID 83221 23																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address — Please Correct NORTHLAND TERRACE WATER USE PAUL FANKHAUSER P. O. BOX 698 BLACKFOOT ID 83221		3. Incorporated Under The Laws of ID NO: 061076																					
4. Names and Addresses of Officers and Directors <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: left;"><u>Name</u></th> <th style="width: 30%; text-align: left;"><u>Street or P.O. Address</u></th> <th style="width: 15%; text-align: left;"><u>City</u></th> <th style="width: 10%; text-align: left;"><u>State</u></th> <th style="width: 5%; text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President: JAMES S. JOHNSTON</td> <td>P.O. BOX 698</td> <td>BLACKFOOT</td> <td>ID</td> <td>83221</td> </tr> <tr> <td>Secretary: PAUL J. FANKHAUSER</td> <td>P.O. BOX 698</td> <td>BLACKFOOT</td> <td>ID</td> <td>83221</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President: JAMES S. JOHNSTON	P.O. BOX 698	BLACKFOOT	ID	83221	Secretary: PAUL J. FANKHAUSER	P.O. BOX 698	BLACKFOOT	ID	83221	Directors:				
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Directors:																								
5. Nature of Business NON PROFIT WATER COMPANY	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature  Name (Typed or Printed) PAUL J. FANKHAUSER, CPA </td> <td style="width: 40%;"> Date 7-11-90 Title SECRETARY </td> </tr> </table>				Signature  Name (Typed or Printed) PAUL J. FANKHAUSER, CPA	Date 7-11-90 Title SECRETARY																		
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