

|                                                                                                                                                        |              |                                                                                                                                                                                                          |       |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------|--|
| No. <b>C 180085</b>                                                                                                                                    |              | <b>Due no later than Sep 30, 2009</b>                                                                                                                                                                    |       | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>EAGLE PINES SUBDIVISION WATER ASSOCIATION, INC.<br>ALAN SMITH<br>3135 N OSPREY RD<br>EAGLE ID 83616<br>USA |       | ALAN SMITH<br>3135 N OSPREY RD<br>EAGLE ID 83616   |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                                                                          |       | 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 |  |
| TREASURER                                                                                                                                              | NORM EDWARDS | 884 W BEACON LT RD                                                                                                                                                                                       | EAGLE | ID                                                 | USA     | 83616       |  |
| DIRECTOR                                                                                                                                               | HAL GODSHALL | 1252 MEANDER                                                                                                                                                                                             | EAGLE | ID                                                 | USA     | 83616       |  |
| DIRECTOR                                                                                                                                               | DAVID SPARKS | 3120 N OSPREY RD                                                                                                                                                                                         | EAGLE | ID                                                 | USA     | 83616       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 180085</b>                                                                                          |              | 6. Annual Report must be signed.*<br>Signature: Norm Edwards<br>Name (type or print): Norm Edwards                                                                                                       |       |                                                    |         |             |  |
|                                                                                                                                                        |              | Date: 09/18/2009<br>Title: Treasurer                                                                                                                                                                     |       |                                                    |         |             |  |
| Processed 09/18/2009                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                                                |       |                                                    |         |             |  |