| No. C 34350 | | TO A CONTROL OF THE C | | 2. R | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|------|--|----------------------|-------------|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | | DAVE EIGUREN | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. | | | 6019 W OUTLOOK AVE BOISE ID 83703 | | | |
| | | EUGENE-OUTLOOK WATER ASSOCIATION, INC. DAVE EIGUREN 6019 W OUTLOOK AVE BOISE ID 83703 | | | BOISE ID 83703 | | | |
| | | | | 3. <u>N</u> | 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | | |
| Office Held | Name | | Street or PO Address | Cit | .y | State | Country | Postal Code |
| TREASURER DAVE L EIG | | UREN | 6019 W. OUTLOOK AVE. | ВО | ISE | ID | USA | 83703 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 34350 | | Signature: Dave Eiguren | | | Date: 02/13/2009 | | | |
| | | Name (type or print): Dave Eiguren | | | Title: Treasurer | | | |
| Processed 02/13/2009 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |