No. C 149067		Due no later than May 31, 2018		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		CHARLOTTE ARMACOST				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. GRANITE TWIN LAKES WATER USERS, INC. CHARLOTTE ARMACOST PO BOX 232		3958 VALLEY VIEW DR NEW MEADOWS ID 83654				
								NEW MEADOWS ID 83654
		NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Name	es and Busine	ess Addresses of Preside	nt, Secretary, and Directors.	Treasurer (optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
		WARD OSBORN	4118 CAMPBELL RD.		NEW MEADOWS	ID	USA	83654
No. of Contract of	JEFFREY LUFF CHARLOTTE ARMACOST		3208 HWY 95 3958 VALLEY VIEW ROAD	PO BOX 219	NEW MEADOWS NEW MEADOWS	ID ID	USA USA	83654 83654-0175
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Pam McGarry		Date: 05/25/2018				
C 149067		Name (type or print): Pam McGarry		Title: Business Administrator				
Processed 05/25/2018 * Electronically provided signatures are accepted as original signatures.								