No. C 104530	Due no later than December 31, Annual Report Form		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applica	ing Address - Correct in this box, if applicable so RN WATERSHEDS PROJECT, INC. DRK RD		JONATHAN H MARVEL 126 S MAIN STE B-2 HAILEY, ID 83333 3. New Registered Agent Signature	
	mes and Business Addresses of President, S	ecretary	and Directors.		
Office held Name	Street or P.O. Address	<u>City</u>	State	<u>Zip</u>	
President Kelley Vice-	Weston 117 Blackfeet Drive	Hail	ey ID	83333	
President Erin And Secretary-	chustegui 365 S Elm #216	Bois	se ID	83712	
Treasurer Louse W	agenknecht PO Box 104	Lead	lore ID	83464	
Director Dr. John	n Carter PO Box 280	Mend	lon UT 🗀	84325	
Director Dr. Raly	ph Maughan PO Box 8264	Poca	tello ID	83209	
Director Dr. Bru	ce Hayse PO Box 1884	Jack	son WY	83001	
Director James G	illespie PO Box 863	Keto	hum ID	83340	
5. Organized Under the Laws of: IDAHO C 104530	Signature Wur Name Tonathan H.	w/ Marve	Date 12-		
Issued 10/01/2007	Do Not Tape or Staple		DII	2001690	

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