

No. C 55783	<b>Annual Report Form</b> Due No Later Than November 30, 1996	2. Registered Agent and Office <b>NOT A P.O. BOX</b> <b>AUGUSTINUS A STROES</b> <b>117 SKYLINE DR</b>  <b>SMILEY CREEK ID 83278</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>SMILEY CREEK WATER USERS ASS</b> <b>AUGUSTINUS A STROES</b> <b>HC 64, BOX 9137</b>  <b>KETCHUM ID 83340</b>	3. Organized Under the Laws of:  <b>ID C 56783</b>
* <b>FIRST NOTICE</b> *		
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	R. STOKER	P.O. Box 225
SECRETARY	A.A. STROES	HC 64 Box 9137
DIRECTOR	E. FRANCE	250 WEST 06 NORTH
TWIN FALLS	ID	83303-0225
KETCHUM	ID	83340
JEROME	ID	83338
NON-PROFIT		
5. NATURE OF BUSINESS  <b>COMMUNITY WATER DISTRIBUTION</b>	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>Augustinus A. Stroes</i></u> Date <u>7/23/96</u> Name (Typed or Printed) <u>Augustinus A. Stroes</u> Title <u>Secretary</u>	

ISSUED: 07-06-1996

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