No. C 43201		Due no later than Dec 31, 2009		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			KATHY C H			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SALMON RIVER MEADOWS MUTUAL WATER CO. KATHY M BAILEY 124 QUAIL RD		_	235 OLD STAGE RD SALMON ID 83467			
		SALMON ID 83467			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Nar	mes and Busin	ess Addresses of Presid	dent, Secretary, and Directors. Trea	asurer (c	ptional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
DIRECTOR	CLAY STEPHANISHEN		205 BLUE HERON RD.		SALMON	ID	USA	83467
DIRECTOR	CONNIE STEWART		P.O. BOX 1043		SALMON	ID	USA	83467
DIRECTOR	ECTOR RITA ERNSB		113 BLUE SPRUCE		SALMON	ID	USA	83467
DIRECTOR	DIRECTOR HERSHALL LAI		126 OLD STAGE RD.		SALMON	ID	USA	83467
TREASURER	REASURER KATHY M. BAILEY		147 QUAIL RD.		SALMON	ID	USA	83467
SECRETARY KATHY M BA		AILEY	147 QUAIL RD.		SALMON	ID	USA	83467
PRESIDENT	KATHY C HOGG		235 OLD STAGE RD.		SALMON	ID	USA	83467
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kathy M. Bailey			Date: 10/30/2009			
C 43201		Name (type or print): Kathy M. Bailey			Title: Sec./Tres.			
Processed 10/30/2009 * Electronically provided signatures are accepted as original signatures.								