No. <b>C 65240</b>		Due no later than Nov 30, 2009		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form  1. Mailing Address: Correct in this box if needed.  LIVING WATERS WILDERNESS ADVENTURES CORPORATION NORMAN B LOVETT  SHILOH RANCH  962 S SERENE VIEW  POST FALLS ID 83854		NORM LOVE	NORM LOVETT 962 S SERENE VIEW POST FALLS ID 83854  3. New Registered Agent Signature:*			
				POST FALLS				
				3. <u>New</u> Register				
4. Corporations: Enter Na	mes and Busin	ess Addresses of	President, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	MARY ANN PIPITONE		410 HERMITAGE DR	TECUMSEH	MI	USA	49286	
DIRECTOR FRANK HAMIL		ILTON	W2815 LYONS	SPOKANE	WA	USA	99208	
DIRECTOR BILL CARRIE		:R	2518 N CINCINNATI ST	SPOKANE	WA	USA	99207	
DIRECTOR NORMAN LO		VETT	962 S SERENE VIEW DR	POST FALLS	ID	USA	83854	
SECRETARY BARBARA LC		OVETT	962 S SERENE VIEW DR	POST FALLS	ID	USA	83854	
PRESIDENT	WILLIAM WE	ESTRATE	101 TENNYSON DR	WHEATON	IL	USA	60187	
5. Organized Under the Laws of: 6.		6. Annual Report must be signed.*						
ID C 65240		Signature: Barbara Lovett			Date: 09/09/2009			
		Name (type o		Title: Secretary				
Processed 09/09/2009		* Electronically p	rovided signatures are accepted as origin	nal signatures.				