No. <b>C 41538</b>		Due no later than Oct 31, 2011		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			MARK WENDLE 26 N KULLYSPELL DR			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  WENDLEMERE WATER ASSOC., INC., A NON-PROFIT CORPORATION DR. MARK W. WENDLE 26 N KULLYSPELL DR HOPE ID 83836		HOPE ID 83836  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	DERRICK ZIMMERMAN		P. O. BOX 205	HOPE	ID	USA	83836	
DIRECTOR	DAVE REYNOLDS		8 KULLYSPELL DRIVE	HOPE	ID	USA	83836	
DIRECTOR	TAMARA HELM		1502 SUNSHINE ROAD	PULLMAN	WA	USA	99163	
DIRECTOR	CTOR SHARON KOPRIVA		1317 ARLINGTON	HOUSTON	TX	USA	77008	
TREASURER	REASURER BETTY WENDLE		26 N. KULLYSPELL DRIVE	HOPE	ID	USA	83836	
SECRETARY	CRETARY BETTY WENDLE		26 N. KULLYSPELL DRIVE	HOPE	ID	USA	83836	
PRESIDENT	BOB GREGSON		67 W. DAVID THOMPSON ROAD	HOPE	ID	USA	83836	
5. Organized Under the Laws of: 6. Annu		6. Annual Report r	. Annual Report must be signed.*					
ID		Signature: Dr. Mark W. Wendle			Date: 08/24/2011			
C 41538		Name (type or print): Dr. Mark W. Wendle			Title: Vice President			
Processed 08/24/2011		* Electronically pro	vided signatures are accepted as original si	ignatures.				