	INSTRUCTIONS C I REVERSE SIDE	
No. 13934	klaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1,1991 1 Mailing Address - Please Correct II Not Corre	LOPENE W. DAVIES
	NUR WATER CO. Lorene davies 2890 n 45th e	IDAHO FALLS ID 83401 3. Incorporated Under The Laws of ID
NO FEE REQUIRED	IDAHO FALLS ID 83401	NO: 043934
4. Names and Addresses of Officer		
Wine-Pres Tr	Name Street or P.O. Address 1e Gneiting 3040 N 454h ene Davies 42890 N 454h aci Mockli 2750 N 454h ck Depperschmidt 4570 Roc	E 11 11 11 11
5. Nature of Business. Community We Wells	6. I certify that this Annual Report has been true, correct and complete. Signature Name Report Name	n examined by me and is to the best of my knowledge Date 7-9-91 Aures Title Secretary