

No. 006917	Idaho Corporation Annual Report Form		2. Registered Agent and Office																																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 REC-2 SEC. OF STATE 87 OCT 23 AM 9 15	Due No Later Than November 1, 1987		MARSHA A. OLSON																																									
	1. Mailing Address — Please Correct 006917	LOWER SHELTON RD, RT. 2, 80		RIGBY, ID																																								
	ENTERPRIZE CANAL COMPANY, LTD. (83442																																									
	MARSHA OLSON		ENTERED																																									
	ROUTE 2, BOX 206		3. Incorporated Under The Laws																																									
	RIGBY, IDAHO		of																																									
	83442		OCT 23 1987																																									
4. Names and Addresses of Officers and Directors																																												
<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: Nicky L. Olson</td> <td>RE. 2, Box 206</td> <td>Rigby</td> <td>ID</td> <td>83442</td> </tr> <tr> <td>Secretary: MARSHA A. OLSON</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>MAX Cooper</td> <td>Star Rt.</td> <td>Idaho Falls</td> <td>ID</td> <td>83401</td> </tr> <tr> <td>Wayne Cooper</td> <td>Rt. 8</td> <td>Idaho Falls</td> <td>ID</td> <td>83401</td> </tr> <tr> <td>James Lovell</td> <td>Rt. 2, Box 251</td> <td>Rigby</td> <td>ID</td> <td>83442</td> </tr> <tr> <td>David Lovell</td> <td>St. Rt., Box 3</td> <td>Ririe</td> <td>Id.</td> <td>83443</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: Nicky L. Olson	RE. 2, Box 206	Rigby	ID	83442	Secretary: MARSHA A. OLSON					Directors:					MAX Cooper	Star Rt.	Idaho Falls	ID	83401	Wayne Cooper	Rt. 8	Idaho Falls	ID	83401	James Lovell	Rt. 2, Box 251	Rigby	ID	83442	David Lovell	St. Rt., Box 3	Ririe	Id.	83443
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5. Nature of Business Deliver water + main-tain canal		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>MARSHA A. OLSON</u> Date <u>10-20-87</u> Name (Typed or Printed) <u>MARSHA A. OLSON</u> Title <u>Sec.</u>																																										