

| No. <b>C103572</b>  | <b>Annual Report Form</b><br>Due No Later Than November 30, <b>1996</b>  |                                    | 2. Registered Agent and Office <b>NOT A P.O. BOX</b>   |             |      |                        |      |       |     |  |                  |                                    |  |  |  |  |                   |                                    |  |  |  |  |                   |                                    |  |  |  |
|---|--|------------------------------------|--|-------------|------|------------------------|------|-------|-----|--|------------------|------------------------------------|--|--|--|--|-------------------|------------------------------------|--|--|--|--|-------------------|------------------------------------|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b>  | 1. Mailing Address - Please Correct, If Not Correct<br><del>15000 RAMSEY ROAD WATER CORP</del><br><del>CHUCK COX</del> Mark-Mary Castle<br><del>721 MILITARY DRIVE</del> 15080 Ramsey Rd.<br>Randolph ID 83858<br><del>COEUR D'ALENE</del> ID 83814            |                                    | CAMERON PHILLIPS<br>924 SHERMAN AVE<br><br>COEUR D'ALENE ID 83814<br><br>3. Organized Under the Laws of:<br><br>ID C103572 |             |      |                        |      |       |     |  |                  |                                    |  |  |  |  |                   |                                    |  |  |  |  |                   |                                    |  |  |  |
| 4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)<br><br><table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>Mark-Mary Castle</td> <td>15080 Ramsey Rd. Randolph ID 83858</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Doug - Jean Baker</td> <td>15070 Ramsey Rd. Randolph ID 83858</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Mike-Teresa Waldo</td> <td>125 Lirce Dr. Post Falls, ID 83854</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: right;">Shared well system</p> |  |                                    |  | Office held | Name | Street or P.O. Address | City | State | Zip |  | Mark-Mary Castle | 15080 Ramsey Rd. Randolph ID 83858 |  |  |  |  | Doug - Jean Baker | 15070 Ramsey Rd. Randolph ID 83858 |  |  |  |  | Mike-Teresa Waldo | 125 Lirce Dr. Post Falls, ID 83854 |  |  |  |
| Office held   | Name   | Street or P.O. Address             | City   | State       | Zip  |                        |      |       |     |  |                  |                                    |  |  |  |  |                   |                                    |  |  |  |  |                   |                                    |  |  |  |
|   | Mark-Mary Castle   | 15080 Ramsey Rd. Randolph ID 83858 |  |             |      |                        |      |       |     |  |                  |                                    |  |  |  |  |                   |                                    |  |  |  |  |                   |                                    |  |  |  |
|   | Doug - Jean Baker  | 15070 Ramsey Rd. Randolph ID 83858 |  |             |      |                        |      |       |     |  |                  |                                    |  |  |  |  |                   |                                    |  |  |  |  |                   |                                    |  |  |  |
|   | Mike-Teresa Waldo  | 125 Lirce Dr. Post Falls, ID 83854 |  |             |      |                        |      |       |     |  |                  |                                    |  |  |  |  |                   |                                    |  |  |  |  |                   |                                    |  |  |  |
| 5. NATURE OF BUSINESS<br><br>WELL & WATER SYSTEM  | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br>Signature <u>Mark-Mary Castle</u> Date <u>8-19-96</u><br>Name (Typed or Printed) <u>Mark-Mary Castle</u> Title <u>Secretary</u> |                                    |  |             |      |                        |      |       |     |  |                  |                                    |  |  |  |  |                   |                                    |  |  |  |  |                   |                                    |  |  |  |

ISSUED: 07-06-1996

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