

|                                                                                                                                                        |                |                                                                                                                                                                    |       |                                                      |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------|---------|------------------|--|
| No. <b>C 34350</b>                                                                                                                                     |                | <b>Due no later than Mar 31, 2014</b>                                                                                                                              |       | 2. Registered Agent and Address <b>(NO PO 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 FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>EUGENE-OUTLOOK WATER ASSOCIATION, INC.<br>DAVE EIGUREN<br>6019 W OUTLOOK AVE<br>BOISE ID 83703<br>USA |       | DAVE EIGUREN<br>6019 W OUTLOOK AVE<br>BOISE ID 83703 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                                    |       | 3. <u>New</u> Registered Agent Signature:*           |         |                  |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                |                                                                                                                                                                    |       |                                                      |         |                  |  |
| Office Held                                                                                                                                            | Name           | Street or PO Address                                                                                                                                               | City  | State                                                | Country | Postal Code      |  |
| TREASURER                                                                                                                                              | DAVE L EIGUREN | 6019 W. OUTLOOK AVE.                                                                                                                                               | BOISE | ID                                                   | USA     | 83703            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                                  |       |                                                      |         |                  |  |
| <b>ID<br/>C 34350</b>                                                                                                                                  |                | Signature: Dave Eiguren                                                                                                                                            |       |                                                      |         | Date: 03/10/2014 |  |
|                                                                                                                                                        |                | Name (type or print): Dave Eiguren                                                                                                                                 |       |                                                      |         | Title: Treasurer |  |
| Processed 03/10/2014                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                          |       |                                                      |         |                  |  |