

No. J52537	Idaho Corporation Annual Report Form Due No Later Than November 1, 1987		2. Registered Agent and Office RONALD E. BURCHARD 1621 EAST LEWIS LANE NAMPA, IDAHO 83651																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address — Please Correct 052537 LEWIS ADDITION WATER CORPORATION RONALD BURCHARD 1621 EAST LEWIS LANE NAMPA, IDAHO 83651		3. Incorporated Under The Laws of STATE OF IDAHO																									
4. Names and Addresses of Officers and Directors																												
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 30%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 10%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 10%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>RON BURCHARD</td> <td>1621 LEWIS LN.</td> <td>NAMPA</td> <td>ID.</td> <td>83651</td> </tr> <tr> <td>Secretary:</td> <td>RUTH BURCHARD</td> <td>1621 LEWIS LN.</td> <td>NAMPA</td> <td>ID.</td> <td>83651</td> </tr> <tr> <td>Directors:</td> <td>NONE</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	RON BURCHARD	1621 LEWIS LN.	NAMPA	ID.	83651	Secretary:	RUTH BURCHARD	1621 LEWIS LN.	NAMPA	ID.	83651	Directors:	NONE				
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5. Nature of Business NON PROFIT		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature <i>Ronald Burchard</i> Name (Typed or Printed) RON BURCHARD </td> <td style="width: 40%;"> Date 6-30-87 Title President </td> </tr> </table>			Signature <i>Ronald Burchard</i> Name (Typed or Printed) RON BURCHARD	Date 6-30-87 Title President																						
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