Office held Name	Annual Report Form 1. Mailing Address - Correct in this box, if applicable HELM LATERAL WATER USERS ASSOCIATIO 101 S CAPITOL BLVD 10TH FL BOISE, ID 83702 3. New Registered Agent Signature es and Business Addresses of President, Secretary and Directors. Street or P.O. Address City State Zip 10555Whispering CLiffs Boise Zdd 83704
Corporations: Enter Name Office held Name	Street or P.O. Address City State Zip
Office held Name	Street or P.O. Address City State Zip
Office held Name	Street or P.O. Address City State Zip
	10555Whisperino Cliffs Boise Id 83704
Vice President Sherie	Dalton 10210 Whispering Cliffs Boise Id 83704
Socretary Jim Bi	ratnober 5620 Fieldcrost Or. Boise Id 83704
5. Organized Under the Laws of: IDAHO C 158538	6. Signature Scatt Kirkes Date 12-16-05 Name (Typed or Scott Kirkes Title President
Issued 11/01/2005	Do Not Tape or Staple 200601005778

هره وهديه وهالمه يقالها والمراج والراجات والسالية والمسالية والأنهاج والمسالية والمراج والمراع والمراج والمراج والمراج والمراج والمراج والمراج والمراج والمراع