No. C 43934		Due no later than Jun 30, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. NUR WATER CO. LISA HAWKINS PO BOX 274 IONA ID 83427		2. F	2. Registered Agent and Address (NO PO BOX) LISA HAWKINS 2480 N 45TH ST E IDAHO FALLS ID 83401 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busin	ess Addresses of Presid	dent, Secretary, and Directors. Trea	surer (opti	onal).			
Office Held	Name		Street or PO Address	Ci	ty	State	Country	Postal Code
SECRETARY	LISA D HAW	/KINS	P.O. BOX 274	IO	NA	ID	USA	83427
DIRECTOR	TRAVIS LAKE		P.O. BOX 274	IO	NA	ID	USA	83427
DIRECTOR	MIKE WATERS		P.O. BOX 274	IO	NA	ID	USA	83427
PRESIDENT	ALMA STUM	PP	P.O. BOX 274	IO	NA	ID	USA	83427
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 43934		Signature: Lisa D. Hawkins			Date: 06/05/2010			
		Name (type or print): Lisa D. Hawkins			Title: Secretary			
Processed 06/05/2010	* Electronically provided signatures are accepted as original signatures.							