No. C 158538	Reinstatement Annual Report Form ADMIN DISSOLVED 05/18/2015	2. Registered Agent and Office **(NOT A P.O. BOX)** Need to Appoint JAMES BRATNOBER 5620 N. FIELDCREST DR. BOISE, ID 83704
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 **REINSTATEMENT FEE DUE:** $30.00	1. **Mailing Address: Correct in this box if needed.** HELM LATERAL WATER USERS ASSOCIATION, INC. JAMES C BRATNOBER 5620 FIELDCREST DR BOISE ID 83704-1903	3. New Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	KEN COONEY	5184 GREYLOCK WY	BOISE	ID	USA	83704
VICE PRESIDENT	SCOTT KIRKES	10555 WHISPERING CLIFFS	BOISE	ID	USA	83704
SECRETARY/ TREASURER	JAMES BRATNOBER	5620 FIELDCREST DR.	BOISE	ID	USA	83704

5. Organized Under the Laws of:	6.
IDAHO C 158538	Signature: _____ Date: 9/2/15 Name (type or print): JAMES BRATNOBER Title: SECRETARY/TREASURER

Issued 09/02/2015 by online 0

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM