

ISSUED: 10-04-1990

No. 52537 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1. Mailing Address — Please Correct LEWIS ADDITION WATER CORPOR DONALD D DUNN RON BURCHARD 9908 WILBETH LANE 1621 E. LEWIS LN, NAMPA ID 83686	2. Registered Agent and Office RON BURCHARD DONALD D. DUNN 9908 WILBETH LANE 1621 E. LEWIS LN. 83686 NAMPA ID 83686 3. Incorporated Under The Laws of ID NO: 052537																								
4. Names and Addresses of Officers and Directors																										
	<table border="1"> <thead> <tr> <th data-bbox="51 399 431 441"></th> <th data-bbox="431 399 1080 441">Name</th> <th data-bbox="1080 399 1351 441">Street or P.O. Address</th> <th data-bbox="1351 399 1455 441">City</th> <th data-bbox="1455 399 1538 441">State</th> <th data-bbox="1538 399 1628 441">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="51 441 431 494">President:</td> <td data-bbox="431 441 1080 494">DAVID KORN</td> <td data-bbox="1080 441 1351 494">1701 E. LEWIS LN</td> <td data-bbox="1351 441 1455 494">NAMPA</td> <td data-bbox="1455 441 1538 494">ID</td> <td data-bbox="1538 441 1628 494">83686</td> </tr> <tr> <td data-bbox="51 494 431 547">Secretary:</td> <td data-bbox="431 494 1080 547">RON BURCHARD</td> <td data-bbox="1080 494 1351 547">1621 E. LEWIS LN</td> <td data-bbox="1351 494 1455 547">NAMPA</td> <td data-bbox="1455 494 1538 547">ID</td> <td data-bbox="1538 494 1628 547">83686</td> </tr> <tr> <td data-bbox="51 547 431 849">Directors:</td> <td data-bbox="431 547 1080 849"></td> <td data-bbox="1080 547 1351 849"></td> <td data-bbox="1351 547 1455 849"></td> <td data-bbox="1455 547 1538 849"></td> <td data-bbox="1538 547 1628 849"></td> </tr> </tbody> </table>		Name	Street or P.O. Address	City	State	Zip	President:	DAVID KORN	1701 E. LEWIS LN	NAMPA	ID	83686	Secretary:	RON BURCHARD	1621 E. LEWIS LN	NAMPA	ID	83686	Directors:						
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Directors:																										
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. Signature Ron Burchard Name <small>(Typed or Printed)</small> RON BURCHARD		Date 10-16-90 Title SECRETARY																							