No. C 28653		Due	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			CARMEN LAMONTAGNE 1724 42ND ST N LEWISTON ID 83501 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. HATWAI UTILITIES ASSOCIATION, INCORPORATED TOM BARNES PO BOX 1984 LEWISTON ID 83501						
4. Corporations: Enter N	lames and Busin	ess Addresses of P	resident, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY			1724 42ND ST N.	LEWISTON	ID	USA	83501	
PRESIDENT TOM BARNES			5225 HATWAI ROAD	LEWISTON	ID	USA	83501	
VICE PRESIDENT	A W (HOSS)	EATON III	1395 53RD ST N	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Carmen LaMontagne			Date: 05/16/2018			
C 28653		Name (type or print): Carmen LaMontagne			Title: Secretary			
Processed 05/16/2018 * Electronically provided signatures are accepted as original signatures.								