No. C 104948	Due no later than Jan 31, 2011	2. Registered Agent and Office (NOT A P.O. BOX)
Return to:	Annual Report Form	JIM CAMPBELL Barbara F. Campb
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. COUNTRY LIVING ESTATES IRRIGATION LATERAL, INC. JIM CAMPBELL 7369 CLOUD CT	7369 CLOUD CT CALDWELL ID 83607 3. New Registered Agent Signature.
NO FILING FEE IF RECEIVED BY DUE DATE	CALDWELL ID 83607 USA	Barbarat, Campbell
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.		
Office Held Nam		City State Country Postal Code
President Bar	Haraf, Cample 1 7369 Cloud Ct.	Caldwell, Ida USA 83607
Director Be	rry Dykema 7377 luning Mace	Caldwell, Ida USA 83607
Secretary N	rry Dykema 7377 Tulling Place lark Wisnefsky 7384 Claud Ct.	Caldwell, Ida USA 83607
,		
5. Organized Under the Laws of IDAHO	f: 6. Signature: Barbara F. Campbell	Date: 3/26/11
C 104948	Name (type or print): Barbara F. C	ampel Title: President
Issued 03/21/2011 by JL1		112034
-	MOTRUCTIONS FOR THE TRANS ANNUAL	DEBORT FORM

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

The office of the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered