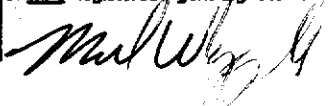



No. C 163519	Reinstatement Annual Report Form ADMIN DISSOLVED 02/06/2008		2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed.		[REDACTED] RD Michael Whipple See below for address
	SKY RANCH WATER USERS ASSOCIATION, INC. [REDACTED] 824 W. Florida Ave. Nampa Id 83686		
3. New Registered Agent Signature. 			
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.			
Office Held	Name	Street or PO Address	City State Country Postal Code
Director	Christina Jenkins	824 W. Florida Ave.	Nampa ID Canyon 83686
Director	Michael Whipple	2810 S. Bayhill Ct	Nampa ID Canyon 83686
5. Organized Under the Laws of: 6.			
IDAHO C 163519		Signature: 	Date: 11/2/2008
		Name (type or print): Michael Whipple	Title: Director
Issued 09/08/2010 by SLD			