



**Secretary of State**  
**Registry of Public Agencies**  
(Government Code section 53051)

SF-405

**FILED**  
Secretary of State  
State of California

**AUG 06 2025**

**IMPORTANT — Read Instructions before completing this form.**

There is **No Fee** for a Registry of Public Agencies filing

**Copy Fees** — First page \$1.00; each attachment page \$0.50;  
Certification Fee - \$5.00

**This Space For Office Use Only**

**1. Type of Filing** (Check one.)

- ☐ Initial Filing (first Registry of Public Agencies filing for an agency)  
☒ Updated Filing (change to an existing Registry of Public Agencies record)

**2. Agency Information**

a. Full Legal Name of Public Agency

**Bighorn-Desert View Water Agency**

b. Nature of Update (complete if Updated Filing)

**Agency Annual Board Reorganization**

c. County

**San Bernardino**

d. Official Mailing Address

**622 S. Jemez Trail, Yucca Valley, CA 92284**

**3. Chairperson, President, or Other Presiding Officer**

a. Name

**JoMarie McKenzie**

b. Title

**President**

c. Business or Residence Address

**622 S. Jemez Trail, Yucca Valley, CA 92284**

**4. Clerk or Secretary**

a. Name

**John R. Burkhart**

b. Title

**Secretary**

c. Business or Residence Address

**622 S. Jemez Trail, Yucca Valley, CA 92284**

**5. Other Members of the Governing Board** (Enter as many as applicable. Attach additional pages for additional members.)

Name

**Megan Close-Dees**

Business or Residence Address

**622 S. Jemez Trail, Yucca Valley, CA 92284**

Name

**Rodney Miller-Boyer**

Business or Residence Address

**622 S. Jemez Trail, Yucca Valley, CA 92284**

Name

**William Aldridge**

Business or Residence Address

**622 S. Jemez Trail, Yucca Valley, CA 92284**

Name

Business or Residence Address

Name

Business or Residence Address

**6. Date and Sign Below** (Additional members set forth on attached pages, if any, are incorporated herein by reference and made part of this Form SF-405, Registry of Public Agencies.)

**07/23/2025**  
**02/11/2025**

Date

Signature

**Marina West**

Type or Print Name



I hereby certify that the foregoing transcript of 01 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office. *al*

AUG 07 2025

*Shirley N. Weber*

SHIRLEY N. WEBER, Ph.D., Secretary of State