



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

**SF-405**

**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

**David Chapman**

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 <b>Megan Close-Dees</b>	Business or Residence Address <b>622 S. Jemez Trail, Yucca Valley, CA 92284</b>
Name <b>John Burkhart</b>	Business or Residence Address <b>622 S. Jemez Trail, Yucca Valley, CA 92284</b>
Name <b>William Aldridge</b>	Business or Residence Address <b>622 S. Jemez Trail, Yucca Valley, CA 92284</b>
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.)

02/13/2024

Date

Signature

Marina West

Type or Print Name

## Instructions for Completing the Registry of Public Agencies (Form SF-405)

The governing body of a public agency is required, within 70 days after the commencement of the agency's legal existence, to file a specified statement of facts about the agency with the Secretary of State. This information is also required to be updated within 10 days of a change to it.

### Fees:

- **Filing Fee:** There is **no fee** for a Registry of Public Agencies filing.

**Copies:** To obtain copies or certified copies of the filed document, include payment for copy fees and certification fees at the time the document is submitted. Copy fees are \$1.00 for the first page and \$0.50 for each additional page. For certified copies, there is an additional \$5.00 certification fee, per copy.

**Payment Type:** Check(s) or money orders should be made payable to the Secretary of State. **Do not send cash by mail.** If submitting the document in person in our Sacramento office, payment also may be made by credit card (Visa or Mastercard).

If you are not completing this form online, please **type or legibly print** in black or blue ink. **Complete the Registry of Public Agencies (Form SF-405) as follows:**

Item	Instruction	Tips
1.	You must check the appropriate box ( <b>check one</b> ).	<ul style="list-style-type: none"> <li>• If this is the first Registry of Public Agencies filing for an agency, check "Initial Filing".</li> <li>• If this is a change to an existing Registry of Public Agencies record, check "Updated Filing".</li> </ul>
2a.	Enter the full legal name of the public agency.	
2b.	Indicate the nature of the update if this is an updated filing.	<ul style="list-style-type: none"> <li>• Leave this blank for initial filings.</li> <li>• For updated filings, list information that has changed.</li> </ul>
2c.	Enter the county or counties in which the agency operates.	<ul style="list-style-type: none"> <li>• List as many as applicable. If additional space is required, attach additional pages.</li> </ul>
2d.	Enter the agency's official mailing address.	<ul style="list-style-type: none"> <li>• The <b>complete address</b> is required, including the street name and number, city, state, and zip code.</li> <li>• P.O. box is acceptable.</li> </ul>
3a.	Enter the Chairperson, President, or Other Presiding Officer's name.	
3b.	Enter the Chairperson, President, or Other Presiding Officer's official title.	<ul style="list-style-type: none"> <li>• Include the full official title.</li> </ul>
3c.	Enter the Chairperson, President, or Other Presiding Officer's business or residence address.	<ul style="list-style-type: none"> <li>• A <b>complete address</b> is required, including the street name and number, city, state, and zip code.</li> </ul>
4a.	Enter the Clerk or Secretary's name.	
4b.	Enter the Clerk or Secretary's official title.	<ul style="list-style-type: none"> <li>• Include the full official title.</li> </ul>

4c.	Enter the Clerk or Secretary's business or residence address.	<ul style="list-style-type: none"> <li>• A <b>complete address</b> is required, including the street name and number, city, state, and zip code.</li> </ul>
5.	Enter the name and business or residence of any other members of the agency's governing board, if applicable.	<ul style="list-style-type: none"> <li>• A <b>complete address</b> is required, including the street name and number, city, state, and zip code.</li> <li>• Attach additional pages if additional space is required.</li> </ul>
6.	Date, sign, and print the name of the individual completing the form.	

**Where to File:** Completed forms along with the applicable fees, if any can be mailed to Secretary of State, Special Filings Unit, P.O. Box 942870, Sacramento, CA 94277-2870 or delivered in person (drop off) to the Sacramento office, 1500 11th Street, 2nd Floor, Sacramento, CA 95814. This form is filed only in the Sacramento office.

**Legal Authority:** General statutory filing provisions are found in Section [53051](#). All statutory references are to the California Government Code, unless otherwise stated.