No. W 102013		Due no later than Apr 30, 2013		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MICHAEL D	MICHAEL D HOFFMAN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PURE-FLO, LLC MICHAEL D HOFFMAN 224 BLUE RIDGE CT OROFINO ID 83544		OROFINO ID	224 BLUE RIDGE CT OROFINO ID 83544 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held Nar	me		Street or PO Address	City	State	Country	Postal Code	
MANAGER MIC	CHAEL D	HOFFMAN	224 BLUE RIDGE CT.	OROFINO	ID	USA	83544	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Mic		Date: 02/13/2013				
W 102013		Name (type or	print): Michael D. Hoffman		Title: Manager			
Processed 02/13/2013 * Electronically provided signatures are accepted as original signatures.								