

|                                                                                                                                                        |               |                                                                                                                                                              |          |                                                       |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------|---------|-------------|--|
| No. <b>W 61092</b>                                                                                                                                     |               | <b>Due no later than Apr 30, 2013</b>                                                                                                                        |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>    |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>CLEARWATER POOL SERVICE LLC<br>ROYCE L WOLF<br>1120 BRYDEN AVE.<br>LEWISTON ID 83501<br>USA |          | ROYCE L WOLF<br>1120 BRYDEN AVE.<br>LEWISTON ID 83501 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                              |          | 3. <u>New</u> Registered Agent Signature:*            |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |               |                                                                                                                                                              |          |                                                       |         |             |  |
| Office Held                                                                                                                                            | Name          | Street or PO Address                                                                                                                                         | City     | State                                                 | Country | Postal Code |  |
| MANAGER                                                                                                                                                | ROYCE L WOLF  | 1524 AIRWAY AVE                                                                                                                                              | LEWISTON | ID                                                    | USA     | 83501       |  |
| MANAGER                                                                                                                                                | TERESA L WOLF | 1524 AIRWAY AVE                                                                                                                                              | LEWISTON | ID                                                    | USA     | 83501       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 61092</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Jackie Oakes<br>Name (type or print): Jackie Oakes                                                           |          |                                                       |         |             |  |
| Date: 02/15/2013<br>Title: Bookkeeper                                                                                                                  |               |                                                                                                                                                              |          |                                                       |         |             |  |
| Processed 02/15/2013                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                    |          |                                                       |         |             |  |