No. **W 38059**	**Due no later than Mar 31, 2014** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** K.V. AQUATIC NURSERY, LLC. RICHARD A VILLELLI 533739 HIGHWAY 95 BONNERS FERRY ID 83805	RICHARD A VILLELLI 533739 HIGHWAY 95 BONNERS FERRY ID 83805 3. New 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	VILLELLI ENTERPRISES INC	533739 HIGHWAY 95	BONNERS FERRY	ID	USA	83805

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 38059**	Signature: Richard A Villelli'	Date: 01/31/2014
	Name (type or print): Richard A Villelli'	Title: President

Processed 01/31/2014

* Electronically provided signatures are accepted as original signatures.