No. **W 19388**	**Due no later than May 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.** LAKE CITY POOL & SPA, LLC ROB SCHULHOFF PO BOX 177 HAYDEN ID 83835	ROB SCHULHOFF 10645 OAK ST HAYDEN ID 83835 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
MEMBER	ROB SCHULHOFF	PO BOX 177	HAYDEN	ID	USA	83835

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 19388**	Signature: Rob Schulhoff	Date: 03/26/2014
	Name (type or print): Rob Schulhoff	Title: Owner

Processed 03/26/2014

* Electronically provided signatures are accepted as original signatures.