

No. <b>W 20945</b>		<b>Due no later than Oct 31, 2008</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  CERTIFIED POOL WATER SPECIALISTS, LLC FRANK PIERCE 3620 SUMMIT DR POCATELLO ID 83201		FRANK PIERCE 3620 SUMMIT POCATELLO ID 83201			
				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	
MEMBER	FRANK PIERCE	1981 SUNRISE WAY	POCATELLO	ID	USA	83201	
MEMBER	LILA PIERCE	1981 SUNRISE WAY	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:  <b>ID W 20945</b>		6. Annual Report must be signed.* Signature: frank Pierce Name (type or print): frank Pierce					
Date: 11/10/2008 Title: Member							
Processed 11/10/2008		* Electronically provided signatures are accepted as original signatures.					