No. W 101569		Due no later than Mar 31, 2014		2. Register	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. BEACHED WHALE DIVERS LLC NYLE FULLMER 236 SOUTH 2ND EAST REXBURG ID 83440		226 601	MYLE C FULLMER 236 SOUTH 2ND EAST REXBURG ID 83440 3. New Registered Agent Signature:*			
				REXBUR				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nar	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER NYLE C FUL		LMER	236 SO 2ND EAST	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: N C Fullmer			Date: 01/28/2014			
W 101569		Name (type or print): N C Fullmer			Title: Prtnr			
Processed 01/28/2014 * Electronically provided signatures are accepted as original signatures.								