No. <b>W 34066</b>	Due no later than Oct 31, 2011	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	JAMES F TOPLIFF			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	1424 E SHERMAN AVE EASTLAKE PROFESSIONAL #300 COEUR D'ALENE ID 83814			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	HUCKLEBERRY BAY WATER SYSTEM, LLC JAMES F TOPLIFF 1424 E SHERMAN AVE				
	EASTLAKE PROFESSIONAL #300	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	COEUR D ALENE ID 83814				
4. Limited Liability Companies: Enter N	lames and Addresses of at least one Member or Manager.				
Office Held Name	Street or PO Address	City	State	Country	Postal Code
MANAGER THOMAS E COMPANY	ARBIERI HUCKLEBERRY BAY <sub>818</sub> W. RIVERSIDE AVE., STE 300	SPOKANE	WA	USA	99201
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Thomas M. Barbieri	Date: 10/12/2011			
W 34066	Name (type or print): Thomas M. Barbieri	Title: Manager			
Processed 10/12/2011	* Electronically provided signatures are accepted as original signatures.				