No. **W 64910**	**Due no later than Jul 31, 2012** **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.** IDAHO FILTER TESTING AND CONSULTING SERVICES, LLC R. KIMBER POOLE 16 S 600 W BLACKFOOT ID 83221-6124 USA	R KIMBER POOLE 16 S 600 W BLACKFOOT ID 83221-6124 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	KATHRYN POOLE	16 S 600 W	BLACKFOOT	ID	USA	83221

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 64910**	Signature: R. Kimber Poole	Date: 05/25/2012
	Name (type or print): R. Kimber Poole	Title: Owner

Processed 05/25/2012

* Electronically provided signatures are accepted as original signatures.