

|  |              |   |        |  |         |                       |  |
|--|--------------|---|--------|--|---------|-----------------------|--|
| No. <b>W 163400</b>  |              | <b>Due no later than Mar 31, 2017</b>   |        | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |                       |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>1. Mailing Address: Correct in this box if needed.</b><br>CENTRAL IDAHO POOL & SPA SERVICE LLC<br>CIPS SERVICE LLC<br>89 JOHNSON LANE<br>MCCALL ID 83638 |        | JEREMY OLSON<br>89 JOHNSON LANE<br>MCCALL ID 83638 |         |                       |  |
|  |              |   |        | 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           |  |
| MANAGER  | JEREMY OLSON | 89 JOHNSON LN   | MCCALL | ID   | USA     | 83638                 |  |
| 5. Organized Under the Laws of:  |              | 6. Annual Report must be signed.*   |        |  |         |                       |  |
| <b>ID<br/>W 163400</b>   |              | Signature: jolson   |        |  |         | Date: 03/12/2017      |  |
|  |              | Name (type or print): jolson  |        |  |         | Title: owner/operator |  |
| Processed 03/12/2017   |              | * Electronically provided signatures are accepted as original signatures.   |        |  |         |                       |  |