

No. <b>W 50237</b> Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	Due no later than May 31, 2010 <b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> EMERGENCY WATER STORE LLC  1502 AVIATION WAY CALDWELL ID 83605	2. Registered Agent and Office ( <b>NOT A          P.O. BOX</b> ) TONY STEVENSON 1502 AVIATION WAY CALDWELL ID 83605  3. <u>New</u> Registered Agent Signature.														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>office manager</td> <td>Tammy Fisher</td> <td>P.O. BOX 1025</td> <td>Carnation</td> <td>WA</td> <td></td> <td>98014</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	office manager	Tammy Fisher	P.O. BOX 1025	Carnation	WA		98014
Office Held	Name	Street or PO Address	City	State	Country	Postal Code										
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 50237</b>	6. <table border="1"> <tr> <td>Signature: <u>Doug Burnside</u></td> <td>Date: <u>4/4/10</u></td> </tr> <tr> <td>Name (type or print): <u>Doug Burnside</u></td> <td>Title: <u>controller</u></td> </tr> </table>		Signature: <u>Doug Burnside</u>	Date: <u>4/4/10</u>	Name (type or print): <u>Doug Burnside</u>	Title: <u>controller</u>										
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Issued 03/29/2010 by KAH <span style="float: right;">106900</span>																

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM