No. <b>W 189964</b>			Due no later than Oct 31, 2018	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.  MAGIC VALLEY POOL AND SPA, LLC C/O WORST, FITZGERALD & STOVER, PLLC PO BOX 1428 TWIN FALLS ID 83303-1428	2	JOHN O FITZGERALD II 905 SHOSHONE ST N TWIN FALLS ID 83301  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		Nam	nes and Addresses of at least one Member or Manager.	J.	<u>rew</u> registere	a Agent of	gnature.		
Office Held	Name		Street or PO Address	(	City	State	Country	Postal Code	
MEMBER	SCOTT	PLEW	22349 KIMBERLY RD SUITE E	ŀ	(IMBERLY	ID	USA	83314	
5. Organized Under the Laws of:  ID  W 189964			6. Annual Report must be signed.* Signature: John O. Fitzgerald, II Name (type or print): John O. Fitzgerald, II		Date: 09/14/2018 Title: Attorney				
Processed 09/14/2018 * Electronically provided signatures are accepted as original signatures.									