

|                                                                                                                                                        |                      |                                                                                                                                                                                  |                |                                                               |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------|---------|------------------|--|
| No. <b>W 90225</b>                                                                                                                                     |                      | <b>Due no later than Jan 31, 2015</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>PERFECT POOLS, LLC<br>VICTORIA M. KNOWLTON<br>313 JACKSON ST<br>BOISE ID 83705 |                | KATHERINE A BROWN<br>64 OLD EMMETT RD<br>HORSESHOE BEND 83629 |         |                  |  |
|                                                                                                                                                        |                      |                                                                                                                                                                                  |                | 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      |  |
| MEMBER                                                                                                                                                 | VICTORIA M. KNOWLTON | 313 JACKSON ST                                                                                                                                                                   | BOISE          | ID                                                            | USA     | 83705            |  |
| MEMBER                                                                                                                                                 | KATHERINE A BROWN    | 64 OLD EMMETT RD                                                                                                                                                                 | HORSESHOE BEND | ID                                                            | USA     | 83629            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                      | 6. Annual Report must be signed.*                                                                                                                                                |                |                                                               |         |                  |  |
| <b>ID<br/>W 90225</b>                                                                                                                                  |                      | Signature: Keri Jones                                                                                                                                                            |                |                                                               |         | Date: 03/30/2015 |  |
|                                                                                                                                                        |                      | Name (type or print): Keri Jones                                                                                                                                                 |                |                                                               |         | Title: Manager   |  |
| Processed 03/30/2015                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                                                        |                |                                                               |         |                  |  |