

No. W 27472	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2013		2. Registered Agent and Office (NOT A P.O. BOX) SHANNON HAMRICK 2063 W JAYTON DR MERIDIAN ID 83642																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. FLOW AQUATICS, LLC SHANNON HAMRICK 2063 W JAYTON DR <u>1233 N. Main St.</u> MERIDIAN ID 83642		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="0"> <tr> <td>Manager or Member</td> <td>Name</td> <td>Street or PO Address</td> <td>City</td> <td>State</td> <td>Country</td> <td>Postal Code</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Shannon Hamrick</td> <td>2063 W. Jayton Dr</td> <td>Meridian</td> <td>ID</td> <td>ADA</td> <td>83642</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Shannon Hamrick	2063 W. Jayton Dr	Meridian	ID	ADA	83642	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>									
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5. Organized Under the Laws of: IDAHO W 27472	6. Signature:  Date: <u>3/29/13</u> Name (type or print): <u>Shannon Hamrick</u> Title: <u>Owner</u>																																					

Issued 03/13/2013 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM