Annual report form for W 48225

No. W 48225	Due no later than Mar 31, 2010 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) INCORP SERVICES, INC. 921 S ORCHARD ST STE G BOISE ID 83705
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. PURE WATER FOODS, LLC ~~PO BOX 8066~~ 780 Falls Ave. 124 TWIN FALLS ID ~~83303~~ 83301	3. New Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGING MEMBER	GAYLE SHAW	c/o 780 Falls Ave. 124 Twin Falls, Idaho 83301				

5. Organized Under the Laws of:	6.
IDAHO W 48225	Signature: Gayle Shaw Date: 3/29/10 Name (type or print): Gayle shaw Title: Manager

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