·		
No. W 96389 Return to:	Due no later than Sep 30, 2011 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) CONNIE PRIANO
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. AQUA BLU POOL AND SPA SERVICE AND REPAIR, L.L.C.	1050 W ORCHARD AVE HAYDEN ID 83835
NO FILING FEE IF RECEIVED BY DUE DATE	1176 W SUMACAVE 7469 N. Barbie St. COEUR D ALENE ID 83815	3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.		
Manager or Member Nam	e Street or PO Address	City State Country Postal Code
	NO 7469 N. Barbie St., (10	eur d'Alene, ID Kootenai 83815
5. Organized Under the Laws o	Signature: JOAN MUM	Date:8-/-//
W 96389	Name (typefor print): JOSh Prian(D
Issued 07/25/2011 by DK1		111294

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a <u>new</u> registered agent must sign in Block 3.