No. W 40981		Due no later than Jul 31, 2011		2.	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			WESLEY T SMITH 500 W 21ST ST IDAHO FALLS ID 83402 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BLUE WAVE LLC WESLEY T SMITH 500 W 21ST ST IDAHO FALLS ID 83402							
NO FILING FEE IF		USA			register e	a rigerie o	griatarer		
RECEIVED BY DUE DATE									
4. Limited Liability Compan	ies: Enter Nar	nes and Addresses of at	least one Member or Manager.						
Office Held	Name		Street or PO Address	C	City	State	Country	Postal Code	
MANAGER WESLEY T S			5126 E RIRIE HWY	II	DAHO FALLS	ID	USA	83401	
MANAGER ROXANNE SI		MITH	5126 E RIRIE HWY		DAHO FALLS	ID	USA	83401	
MANAGER BOYD PACK			480 E 23RD	II	DAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID W 40981		Signature: Wesly Smith			Date: 08/05/2011				
		Name (type or print): Wesly Smith			Title: Member				
Processed 08/05/2011	* Electronically provided signatures are accepted as original signatures.								