

No. W 102013		Due no later than Apr 30, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. PURE-FLO, LLC MICHAEL D HOFFMAN 224 BLUE RIDGE CT OROFINO ID 83544		MICHAEL D HOFFMAN 224 BLUE RIDGE CT OROFINO 83544			
				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	
MANAGER	MICHAEL D HOFFMAN	224 BLUE RIDGE CT.	OROFINO	ID	USA	83544	
5. Organized Under the Laws of: ID W 102013		6. Annual Report must be signed.* Signature: Michael D. Hoffman Name (type or print): Michael D. Hoffman Date: 02/20/2015 Title: Manager					
Processed 02/20/2015		* Electronically provided signatures are accepted as original signatures.					