

No. <b>W 102013</b>		<b>Due no later than Apr 30, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  PURE-FLO, LLC MICHAEL D HOFFMAN 224 BLUE RIDGE CT OROFINO ID 83544		MICHAEL D HOFFMAN 224 BLUE RIDGE CT OROFINO 83544			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name MICHAEL D HOFFMAN	Street or PO Address 224 BLUE RIDGE CT.		City OROFINO	State ID	Country USA	Postal Code 83544
5. Organized Under the Laws of:  <b>ID</b> <b>W 102013</b>		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.							