

FROM : GAYLESHAW  
ID - 505

PHONE NO. : 5202049827

Feb. 17 2007 03:54PM P2

|                                                                                                                                                                                                                                  |  |                                                                                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|
| No. <b>W 48225</b>                                                                                                                                                                                                               |  | Due no later than Mar 31, 2008<br>Annual Report Form                                                                        |  |
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>NO FILING FEE IF<br>RECEIVED BY DUE<br>DATE                                                                                  |  | 2. Mailing Address: Correct in this box if needed.<br>PURE WATER FOODS, LLC<br><br>PO BOX 8637 6066<br>Twin Falls, ID 83303 |  |
|                                                                                                                                                                                                                                  |  | 2. Registered Agent and Office (NOT A<br>P.O. BOX)<br>INCRP SERVICES INC<br>4710 KOOTENAI ST<br>BOISE ID 83705              |  |
|                                                                                                                                                                                                                                  |  | 3. <u>New</u> Registered Agent Signature.                                                                                   |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.<br>Office Held Name Street or PO Address City State Country Postal Code<br><br>Managing Member Gayle Shaw c/o P.O. B 6066, Twin Falls ID 83303 |  |                                                                                                                             |  |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>W 48225                                                                                                                                                                          |  | 6. Signature: <u>Gayle Shaw</u><br>Name (type or print): <u>Gayle Shaw</u><br>Date: <u>4/14/08</u><br>Title: <u>Manager</u> |  |

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