No. W 36242		Due no later than Jan 31, 2011	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		FRANCIS A THOMAS II 5 BLUE MOON LANE OROFINO ID 83544			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. CLEARWATER MOW LLC FRANCIS A THOMAS II 5 BLUE MOON LANE OROFINO ID 83544					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	FRANCIS A						
	OROFINO			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Ent	er Names and Addre	esses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER FRANK THOMAS		5 BLUE MOON LANE	OROFINO	ID	USA	83544	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature:	Signature: Francis A Thomas II Date: 01/22/2011					
W 36242	Name (typ	r print): Francis A Thomas II Title: Owner					
Processed 01/22/2011	* Electronicall	* Electronically provided signatures are accepted as original signatures.					