

No. <b>W 117147</b>		<b>Due no later than Sep 30, 2014</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>  ST. TROPEZ WATER, LLC ROBERT A SHIVE PO BOX 5042 KETCHUM ID 83340 USA		ROBERT A SHIVE 260 SECOND AVE S #39 KETCHUM ID 83340			
<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 ROBERT A SHIVE	Street or PO Address 260 S SECOND AVE S #39		City KETCHUM	State ID	Country USA	Postal Code 83340
5. Organized Under the Laws of:  <b>ID</b> <b>W 117147</b>		6. Annual Report must be signed.*  Signature: Robert A Shive Name (type or print): Robert A Shive  Date: 09/04/2014 Title: Managing Member					
Processed 09/04/2014 * Electronically provided signatures are accepted as original signatures.							