No. W 40981		Annual Report Form 1. Mailing Address: Correct in this box if needed. BLUE WAVE LLC WESLEY T SMITH 500 W 21ST ST		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				WESLEY T SMITH 500 W 21ST ST IDAHO FALLS ID 83402 3. New Registered Agent Signature:*				
4. Limited Liability Companie	s: Enter Nar	nes and Addresses of at	least one Member or Manager.	•				
Office Held N	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER SHYLA ARLENE DIXON MANAGER WESLEY T SMITH MANAGER ROXANNE SMITH		SMITH	4024 N OLSEN ST 5126 E RIRIE HWY 5126 E RIRIE HWY	IONA IDAHO FALLS IDAHO FALLS	ID ID ID	USA	83427 83401 83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 40981		Signature: wesley t smith		Date: 05/23/2018				
		Name (type or print)	Title: manager					
Processed 05/23/2018	* Electronically provided signatures are accepted as original signatures.							