No. C 79587	Due no later than Sep 30, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. LAYNE PUMPS, INC. TAWNA ROOT P. O. BOX 640 TWIN FALLS ID 83303		2. Registered A	2. Registered Agent and Address (NO PO BOX) KEITH R HARDY 3797 N 3400 E TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			3797 N 3400 TWIN FALLS				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Bus	ness Addresses of P	resident, Secretary, and Directors. Trea	asurer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY LANI HARI DIRECTOR GREGORY PRESIDENT KEITH R H	A HARDY	3797 N 3400 E 3797 N 3400 E 3797 N 3400 E	KIMBERLY KIMBERLY KIMBERLY	ID ID ID	USA USA USA	83341 83341 83341	
5. Organized Under the Laws of:	Signature: Taw	6. Annual Report must be signed.* Signature: Tawna Root		Date: 07/15/2014			
C 79587 Processed 07/15/2014	Name (type or print): Tawna Root Title: Office Manager * Electronically provided signatures are accepted as original signatures.						