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| No. W 68653 | | Due no later than Nov 30, 2011 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. ABSOLUTE POOL CARE LLC MICHAEL L MCCULLOUGH 3936 S MONTAGUE AVE MERIDIAN ID 83642 | | MICHAEL L MCCULLOUGH 3936 S MONTAGUE AVE MERIDIAN ID 83642 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MEMBER | Name MICHAEL L MCCULLOUGH | Street or PO Address 3936 S MONTAGUE AVE | | City MERIDIAN | State ID | Country USA | Postal Code 83642 |
| 5. Organized Under the Laws of: ID W 68653 | | 6. Annual Report must be signed.* Signature: Michael L McCullough Name (type or print): Michael L McCullough Date: 09/25/2011 Title: Member | | | | | |
| Processed 09/25/2011 * Electronically provided signatures are accepted as original signatures. | | | | | | | |