No. **W 42817**	**Due no later than Sep 30, 2011**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** WATERS FINANCIAL EDUCATION, LLC CHRISTIANE WATERS 2976 W STATE ST STE 120 PMB 255 EAGLE ID 83616	CHRISTIANE WATERS 509 WEST STATE ST EAGLE ID 83616 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	CHRISTIANE WATERS	509 W STATE ST	EAGLE	ID	USA	83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 42817**	Signature: Christiane Waters	Date: 09/30/2011
	Name (type or print): Christiane Waters	Title: Manager

Processed 09/30/2011

* Electronically provided signatures are accepted as original signatures.