

No. <b>W 40981</b>		<b>Due no later than Jul 31, 2012</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>  BLUE WAVE LLC WESLEY T SMITH 500 W 21ST ST IDAHO FALLS ID 83402 USA		WESLEY T SMITH 500 W 21ST ST IDAHO FALLS ID 83402			
<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	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	WESLEY T SMITH	5126 E RIRIE HWY	IDAHO FALLS	ID	USA	83401	
MANAGER	ROXANNE SMITH	5126 E RIRIE HWY	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:  <b>ID</b> <b>W 40981</b>		6. Annual Report must be signed.*  Signature: Wesley Smith Name (type or print): Wesley Smith  Date: 08/13/2012 Title: Owner/manager					
Processed 08/13/2012 * Electronically provided signatures are accepted as original signatures.							