

No. W 68653	Due no later than Nov 30, 2013 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ABSOLUTE POOL CARE LLC MICHAEL L MCCULLOUGH 3936 S MONTAGUE AVE MERIDIAN ID 83642 USA		MICHAEL L MCCULLOUGH 3936 S MONTAGUE AVE MERIDIAN ID 83642			
			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	MICHAEL L MCCULLOUGH	3936 S MONTAGUE AVE	MERIDIAN	ID	USA	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: 09/27/2013 Title: Manager			
Processed 09/27/2013		* Electronically provided signatures are accepted as original signatures.				