No. **W 58931**	**Due no later than Feb 28, 2015** **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.** POOL DOCTOR SERVICE, LLC JASON GOLD 5213 CHINDEN BLVD GARDEN CITY ID 83714	JASON GOLD 5213 CHINDEN BLVD GARDEN CITY 83714 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
MEMBER	JASON GOLD	5213 CHINDEN BLVD	GARDEN CITY	ID		83714

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 58931**	Signature: Jason Gold Name (type or print): Jason Gold	Date: 01/12/2015 Title: Member
Processed 01/12/2015	* Electronically provided signatures are accepted as original signatures.	