No. **W 86068**	**Due no later than Aug 31, 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.** ULUWATU, LLC LAUREL A MACKINNON 519 6TH AVE S NAMPA ID 83651	LAUREL MACKINNON 519 6TH AVE S NAMPA ID 83651 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	LAUREL A MACKINNON	519 6TH AVENUE SOUTH	NAMPA	ID	USA	83651

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 86068**	Signature: Laurel Mackinnon	Date: 09/19/2013
	Name (type or print): Laurel Mackinnon	Title: Managing Member

Processed 09/19/2013

* Electronically provided signatures are accepted as original signatures.