

No. W 111006		Due no later than Feb 28, 2015		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		BRYCE A CONTOR 5223 STEELE AVE IONA 83427			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		MIRAB WATER SPECIALTIES, LLC BRYCE A CONTOR PO BOX 94 IONA ID 83427 USA					
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	BRYCE A CONTOR	5223 STEELE AVE	IONA	ID	USA	83427	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 111006		Signature: Bryce A Contor			Date: 01/02/2015		
		Name (type or print): Bryce A Contor			Title: Manager		
Processed 01/02/2015		* Electronically provided signatures are accepted as original signatures.					