No. <b>W 74495</b>	Due no later than May 31, 2013	2. Registered Agent and Address (NO PO BOX)  STACI MALLETT  2516 EAST 3719 NORTH TWIN FALLS ID 83301			
Return to:	Annual Report Form				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	STACI'S SWIM SCHOOL LLC. STACI R MALLETT 2516 EAST 3719 NORTH				
	TWIN FALLS ID 83301	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Limited Liability Companies: Enter N	ames and Addresses of at least one Member or Manager.				
Office Held Name	Street or PO Address	City	State	Country	Postal Code
MEMBER STACI MA		TWIN FALLS	ID	USA	83301
MEMBER SEAN MAL	LET 2516 EAST 3719 NORTH	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:  6. Annual Report must be signed.*					
ID	Signature: Staci Mallett	Date: 03/21/2013			
W 74495	Name (type or print): Staci Mallett	Title: Mrs.			
Processed 03/21/2013	* Electronically provided signatures are accepted as original signatures.				