No. W 86136	D	Due no later than Aug 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. DIVERSIFIED FLUID SOLUTIONS, LLC FREDERICK T ELSEY 335 N. STEELHEAD WAY BOISE ID 83704		2. Registered Agent and Address (NO PO BOX) FRED ELSEY 6325 SAN LUIS WAY BOISE ID 83709 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	DIVERSIFIED FREDERICK 335 N. STEEL						
NO FILING FEE IF RECEIVED BY DUE DATE			or <u>nerr</u> region				
Total Control (Annual Control	er Names and Address	ses of at least one Member or Manager.	C:L	Chaha	C	De etel Ce de	
Office Held Name	E EDACCOTA	Street or PO Address	City	State	Country	Postal Code	
	E FRASCOIA N E WILLEY	335 N. STEEL HEAD WAY 335 N. STEELHEAD WAY	BOISE	ID	USA	83704 83704	
	RICK T ELSEY	335 N. STEELHEAD WAY	BOISE BOISE	ID ID	USA USA	83704	
5. Organized Under the Laws of:	6. Annual Repo	rt must be signed.*					
ID	Signature: S	usan Elsey	1	Date: 06/13/2014			
W 86136	Name (type	or print): Susan Elsey	Title: Office Admin.				
Processed 06/13/2014	* Electronically	* Electronically provided signatures are accepted as original signatures.					