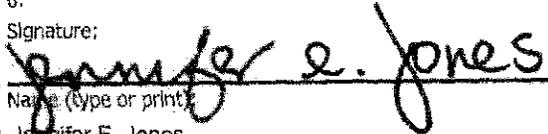


No. <b>W 154140</b>	<b>Due no later than Jul 31, 2017</b> <b>Annual Report Form</b>	2. Registered Agent and Office (NOT A P.O. BOX) COGENCY GLOBAL INC. 921 S ORCHARD ST STE G BOISE ID 83705 USA																																			
Return to: SECRETARY OF STATE 450 N 9th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed. WATERCOOLER PROJECT, LLC (THE) WATERCOOLER PROJECT, LLC 3112 LOS FELIZ BLVD LOS ANGELES CA 90039 USA	3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Casey Lynch</td> <td>3112 Los Feliz Blvd.</td> <td>Los Angeles</td> <td>CA</td> <td>USA</td> <td>90039</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Casey Lynch	3112 Los Feliz Blvd.	Los Angeles	CA	USA	90039	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>								
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5. Organized Under the Laws of:  <div style="text-align: center;">                     IDAHO                      W 154140                 </div>	6. Signature: <div style="text-align: center;">                       _____                      Name (type or print):                      Jennifer E. Jones                 </div> <div style="text-align: right; margin-top: 10px;">                     Date:                      8-10-2017                      _____                      Title:                      Authorized Person                 </div>																																				
Issued 08/10/2017 by online <span style="float: right;">131269</span>																																					

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**