


No. W 62899 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than May 31, 2009 Annual Report Form 1. Mailing Address - Correct in this box, if applicable ALL ASPECTS WASTEWATER LLC PO BOX 11 PARMA, ID 83660-0011	2. Registered Agent and Office NO PO BOX ROBIN MAUPIN 28725 HURTZ RD PARMA, ID 83660 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Owner/Manager</td> <td>Roberta Maupin</td> <td>Po Box 11</td> <td>Parma</td> <td>Id</td> <td>83660</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Owner/Manager	Roberta Maupin	Po Box 11	Parma	Id	83660
Office held	Name	Street or P.O. Address	City	State	Zip									
Owner/Manager	Roberta Maupin	Po Box 11	Parma	Id	83660									
5. Organized Under the Laws of: IDAHO W 62899	6. Signature  Date <u>4/24/09</u> Name (Typed or Printed) <u>Roberta Maupin</u> Title _____													

Issued 03/02/2009

Do Not Tape or Staple

200905008604