No. W 105060 Return to:		Due no later than Jul 31, 2012 Annual Report Form			2. Registered Agent and Address (NO PO BOX) CHRIS S HAYES			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. AQUATIC EXPRESSIONS, LLC JENNIFER NELSON 425 WEST 20TH STREET IDAHO FALLS ID 83402		_	890 OXFORD DR IDAHO FALLS ID 83401 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compai	nies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	JENNIFER N	ELSON	425 WEST 20TH STREET		IDAHO FALLS	ID	USA	83402
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jennifer Nelson			Date: 06/05/2012			
W 105060		Name (type or print): Jennifer Nelson			Title: Manager			
Processed 06/05/2012 * Electronically provided signatures are accepted as original signatures.								