

|                                                                                                                                                        |                      |                                                                                                                                                 |                |                                                                  |                         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------|-------------------------|-------------|--|
| No. <b>W 90225</b>                                                                                                                                     |                      | <b>Due no later than Jan 31, 2012</b>                                                                                                           |                | 2. Registered Agent and Address <b>(NO PO BOX)</b>               |                         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                      | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>PERFECT POOLS, LLC<br>VICTORIA M. KNOWLTON<br>313 JACKSON ST<br>BOISE ID 83705 |                | KATHERINE A BROWN<br>64 OLD EMMETT RD<br>HORSESHOE BEND ID 83629 |                         |             |  |
|                                                                                                                                                        |                      |                                                                                                                                                 |                | 3. <u>New</u> Registered Agent Signature:*                       |                         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                      |                                                                                                                                                 |                |                                                                  |                         |             |  |
| Office Held                                                                                                                                            | Name                 | Street or PO Address                                                                                                                            | City           | State                                                            | Country                 | Postal Code |  |
| MEMBER                                                                                                                                                 | VICTORIA M. KNOWLTON | 313 JACKSON ST                                                                                                                                  | BOISE          | ID                                                               | USA                     | 83705       |  |
| MEMBER                                                                                                                                                 | KATHERINE A BROWN    | 64 OLD EMMETT RD                                                                                                                                | HORSESHOE BEND | ID                                                               | USA                     | 83629       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                      | 6. Annual Report must be signed.*                                                                                                               |                |                                                                  |                         |             |  |
| <b>ID<br/>W 90225</b>                                                                                                                                  |                      | Signature: Katherine A. Brown                                                                                                                   |                |                                                                  | Date: 11/22/2011        |             |  |
|                                                                                                                                                        |                      | Name (type or print): Katherine A. Brown                                                                                                        |                |                                                                  | Title: Member and Agent |             |  |
| Processed 11/22/2011                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                       |                |                                                                  |                         |             |  |