

No. W 101491		Due no later than Mar 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BLUE WATER DAYS, LLC MICHELLE P SOVINE PO BOX 50562 PROVO UT 84605		SCOTT P ESKELSON 425 S HOLMES AVE IDAHO FALLS ID 83401			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name MICHELLE P SOVINE	Street or PO Address PO BOX 50562		City PROVO	State UT	Country USA	Postal Code 84605
5. Organized Under the Laws of: ID W 101491		6. Annual Report must be signed.* Signature: Michelle Sovine Name (type or print): Michelle Sovine Date: 02/03/2014 Title: Manager					
Processed 02/03/2014 * Electronically provided signatures are accepted as original signatures.							