

No. W 117147	Due no later than Sep 30, 2013 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ST. TROPEZ WATER, LLC ROBERT A SHIVE PO BOX 5042 KETCHUM ID 83340 USA		ROBERT A SHIVE 260 SECOND AVE S #39 KETCHUM ID 83340			
			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
MANAGER	ROBERT A SHIVE	260 S SECOND AVE S #39	KETCHUM	ID	USA	83340
5. Organized Under the Laws of: ID W 117147	6. Annual Report must be signed.* Signature: Robert Shive Name (type or print): Robert Shive		Date: 08/17/2013 Title: Managing Member			
Processed 08/17/2013		* Electronically provided signatures are accepted as original signatures.				