No. W 73818		Due no later than Apr 30, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		KATRIN THOMPSON 620 N MAIN ST CASCADE ID 83611			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. WATER'S EDGE MANAGEMENT, LLC KATRIN THOMPSON PO BOX 1018 CASCADE ID 83611-1018 USA					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	KATRIN TH						
	CASCADE			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: En	ter Names and Addre	esses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	Y THOMPSON	PO BOX 1018	CASCADE	ID	USA	83611	
MEMBER KATRI	N THOMPSON	PO BOX 1018	CASCADE	ID	USA	83611	
5. Organized Under the Laws of:	6. Annual Rep	6. Annual Report must be signed.*					
ID	Signature:	Signature: Denise D. Snyder Date: 04/08/2014					
W 73818	Name (type	Name (type or print): Denise D. Snyder		Title: Bookkeeper			
Processed 04/08/2014	* Electronicall	* Electronically provided signatures are accepted as original signatures.					