

No. <b>W 68653</b>	<b>Due no later than Nov 30, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		MICHAEL L MCCULLOUGH 11456 W ROXBURY CT BOISE ID 83713-8371			
	ABSOLUTE POOL CARE LLC MICHAEL L MCCULLOUGH 11456 W ROXBURY CT BOISE ID 83713-8371		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	MICHAEL L MCCULLOUGH	11456 W ROXBURY CT	BOISE	ID		83713-8371
5. Organized Under the Laws of:  <b>ID</b> <b>W 68653</b>		6. Annual Report must be signed.* Signature: Michael L McCullough Name (type or print): Michael L McCullough		Date: 11/20/2016 Title: Member		
Processed 11/20/2016		* Electronically provided signatures are accepted as original signatures.				