

No. W 74495	Due no later than May 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. STACI'S SWIM SCHOOL LLC. STACI R MALLETT 2516 EAST 3719 NORTH TWIN FALLS ID 83301		STACI MALLETT 2516 EAST 3719 NORTH TWIN FALLS ID 83301			
			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	STACI MALLETT	2516 EAST 3719 NORTH	TWIN FALLS	ID	USA	83301
MEMBER	SEAN MALLETT	2516 EAST 3719 NORTH	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 74495	6. Annual Report must be signed.* Signature: Staci Mallett Name (type or print): Staci Mallett		Date: 03/27/2014 Title: Member			
Processed 03/27/2014		* Electronically provided signatures are accepted as original signatures.				