

No. <b>W 101491</b>	<b>Due no later than Mar 31, 2018</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>		SCOTT P ESKELSON 425 S HOLMES AVE IDAHO FALLS ID 83401			
	BLUE WATER DAYS, LLC MICHELLE P SOVINE PO BOX 50562 PROVO UT 84605		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	MICHELLE P SOVINE	PO BOX 50562	PROVO	UT	USA	84605
5. Organized Under the Laws of:  <b>ID W 101491</b>		6. Annual Report must be signed.* Signature: Michelle P Sovine Name (type or print): Michelle P Sovine		Date: 01/28/2018 Title: Member		
Processed 01/28/2018		* Electronically provided signatures are accepted as original signatures.				