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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------|------------------|-------------|--|
| No. <b>W 59508</b>                                                                                                                                     |                 | <b>Due no later than Feb 29, 2012</b>                                                                                                            |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>          |                  |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br>AQUA DEVELOPMENT LLC<br>LESA D HORROCKS<br>845 W CENTER STE C<br>POCATELLO ID 83204 |           | LESA D HORROCKS<br>845 W CENTER STE C<br>POCATELLO ID 83204 |                  |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                  |           | 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                                                                                                                                                | LESA D HORROCKS | 845 W CENTER STE C                                                                                                                               | POCATELLO | ID                                                          | USA              | 83204       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                |           |                                                             |                  |             |  |
| <b>ID<br/>W 59508</b>                                                                                                                                  |                 | Signature: Lesa D Horrocks                                                                                                                       |           |                                                             | Date: 01/29/2012 |             |  |
|                                                                                                                                                        |                 | Name (type or print): Lesa D Horrocks                                                                                                            |           |                                                             | Title: Manager   |             |  |
| Processed 01/29/2012                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                        |           |                                                             |                  |             |  |