No. W 31019		Due no later than Jun 30, 2005		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		KM SWAYN	KM SWAYNE 230 SWAYNE LN OROFINO ID 83544 0000 3. New Registered Agent Signature:*			
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. CLEARWATER CONCEPTS LLC KM SWAYNE 230 SWAYNE LANE OROFINO ID 83544 0000		OROFINO II				
4. Limited Liability Co	mpanies: Enter Na	mes and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	KM SWAYN		230 SWAYNE LANE	OROFINO	ID		83544	
MANAGER	GUS HAGMA	۸N	P O BOX 87	KAMIAH	ID		83536	
MANAGER	GAYLE V SV	WAYNE	P O BOX 1977	OROFINO	ID		83544	
MANAGER	ER TAMMY HAGMAN		P O BOX 87	KAMIAH	ID		83536	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
IDAHO W 31019		Signature: K M Swayne			Date: 08/05/2005			
		Name (type or print): K M Swayne			Title: Member			
Processed 08/05/200	5	* Electronically	provided signatures are accepted as original	al signatures.				