| No. <b>W 85965</b>   |                | Due no later than Aug 31, 2015  |                                    | 2. Registered A                      | 2. Registered Agent and Address (NO PO BOX)                           |         |             |  |
|--|----------------|---|------------------------------------|--------------------------------------|---|---------|-------------|--|
| Return to:   |                | Annual Report Form  |                                    | to provide the second designation of | DONALD SHANE HANSON   |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |                | 1. Mailing Address: Correct in this box if needed.  POOLS FOR SPORTS, LLC  DONALD SHANE HANSON  1496 N TADPOLE CT  EAGLE ID 83616 |                                    | EAGLE ID                             | 1496 N TADPOLE CT EAGLE ID 83616  3. New Registered Agent Signature:* |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                |   |                                    |                                      |   |         |             |  |
| 4. Limited Liability Compan  | ies: Enter Nai | mes and Addresses o   | of at least one Member or Manager. |                                      |   |         |             |  |
| Office Held  | Name           |   | Street or PO Address               | City                                 | State   | Country | Postal Code |  |
| MANAGER DONALD SH  |                | ANE HANSON  | 1496 N. TADPOLE CT                 | EAGLE                                | ID  | USA     | 83616       |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*   |                                    |                                      |   |         |             |  |
| ID   |                | Signature: Donal  |                                    | Date: 06/22/2015                     |   |         |             |  |
| W 85965  |                | Name (type or p   |                                    | Title: Manager                       |   |         |             |  |
| Processed 06/22/2015 * Electronically provided signatures are accepted as original signatures. |                |   |                                    |                                      |   |         |             |  |