No. W 139565		Due no later than Jun 30, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. WATERMASTERS, L.L.C. 4940 JOHNNY CREEK RD POCATELLO ID 83204		[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				_	DON BOSWORTH 4940 JOHNNY CREEK RD POCATELLO ID 83204 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		nes and Addresses of a	t least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER LISA BOSWO		ORTH	4940 JOHNNY CREEK RD		POCATELLO	ID	USA	83204
5. Organized Under the Laws of:		6. Annual Report must		D 1 05	204/2045			
ID		Signature: Don Bosworth			Date: 06/04/2015			
W 139565		Name (type or print): Don Bosworth			Title: Manager			
Processed 06/04/2015 * Electronically provided signatures are accepted as original signatures.								