

No. W 111006		Due no later than Feb 28, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MIRAB WATER SPECIALTIES, LLC BRYCE A CONTOR PO BOX 94 IONA ID 83427		BRYCE A CONTOR 5223 STEELE AVE IONA ID 83427			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name BRYCE A CONTOR	Street or PO Address 5223 STEELE AVE		City IONA	State ID	Country USA	Postal Code 83427
5. Organized Under the Laws of: ID W 111006		6. Annual Report must be signed.* Signature: Bryce A Contor Name (type or print): Bryce A Contor Date: 12/30/2016 Title: Registered Agent					
Processed 12/30/2016 * Electronically provided signatures are accepted as original signatures.							