| No. W 138294 | | Due no later than May 31, 2017 | 2. Registered Agent and Address (NO PO BOX) ROBERT J HINES 235 LARAE ST NEW MEADOWS ID 83654 3. New Registered Agent Signature:* | | | |
|---|---|--|--|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. HINES SIGHT PLUMBING LLC ROBERT J HINES PO BOX 522 NEW MEADOWS ID 83654 | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | ames and Addresses of at least one Member or Manager. | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| MANAGER | ROBERT HI | NES PO BOX 522 | NEW MEADOWS | ID | USA | 83654 |
| 5. Organized Under the Laws of: ID W 138294 | | 6. Annual Report must be signed.* Signature: Robert Hines Name (type or print): Robert Hines | Date: 05/19/2017 Title: Manager | | | |
| Processed 05/19/2017 | * Electronically provided signatures are accepted as original signatures. | | | | | |