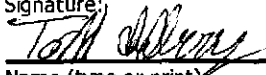


No. W 94468	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2016		2. Registered Agent and Office (NOT A P.O. BOX) TODD L OKELBERRY 1220 BALLARD WAY KIMBERLY ID 83341
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. PRO PIPE FABRICATION, LLC TODD L OKELBERRY 1220 BALLARD WAY 149 Third Ave E. KIMBERLY ID 83341 Twin Falls, ID 83301		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Todd Okelberry	149 Third Ave E.	Twin Falls ID US 83301
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:		6.	
IDAHO W 94468		Signature: 	Date: 10-18-16
		Name (type or print): Todd Okelberry	Title: Member
Issued 10/18/2016 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM