




No. <b>W 51600</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/20/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JEFFREY LEO BEHREND 1944 MAPLE TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> BEHREND PLUMBING AND HEATING LLC JEFF L BEHREND 1944 MAPLE TWIN FALLS ID 83301 USA		3. <u>New</u> Registered Agent Signature.
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			

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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Jeff Behrend	1944 maple ave	Twin Falls	ID	Twin Falls	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:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 51600</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:   </td> <td style="width: 40%;">           Date:  <u>7-16-14</u> </td> </tr> <tr> <td>           Name (type or print):  <u>Jeff Behrend</u> </td> <td>           Title:  <u>7-16-14</u> </td> </tr> </table>	Signature: 	Date: <u>7-16-14</u>	Name (type or print): <u>Jeff Behrend</u>	Title: <u>7-16-14</u>
Signature: 	Date: <u>7-16-14</u>				
Name (type or print): <u>Jeff Behrend</u>	Title: <u>7-16-14</u>				

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### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM