

No. W 51600		Reinstatement Annual Report Form ADMIN DISSOLVED 09/20/2012		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. Mailing Address: Correct in this box if needed. BEHREND PLUMBING AND HEATING LLC JEFF L BEHREND 1944 MAPLE TWIN FALLS ID 83301 USA		3. New Registered Agent Signature.		
REINSTATEMENT FEE DUE: \$30.00						
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
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Jeff Behrend 1944 maple ave Twin ID Twin Falls 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:		6.				
IDAHO W 51600		Signature:  Name (type or print): <u>Jeff Behrend</u>				
		Date: <u>7-16-14</u> Title: <u>7-16-14</u>				
Issued 07/15/2014 by online						

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM