No. W 159568	Due no later than Dec 31, 2017	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	CODY B OLSON			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	4310 S WACKERLI AVE AMMON ID 83406-8340			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	AMMON PLUMBING SERVICE, LLC CODY B OLSON 4310 S. WACKERLI AVENUE	טרכס-סטרכס עו אטויוויאא			
	AMMON ID 83406	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA				
4. Limited Liability Companies: Enter Na	mes and Addresses of at least one Member or Manager.				
Office Held Name	Street or PO Address	City	State	Country	Postal Code
MEMBER KELLY A O	SON 4310 S. WACKERLI AVENUE	AMMON	ID	USA	83406
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Cody Olson	Date: 10/30/2017			
W 159568	Name (type or print): Cody Olson	Title: Owner			
Processed 10/30/2017	* Electronically provided signatures are accepted as original signatures.				