No. <b>W 32003</b>		Due no later than Jul 31, 2009		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			KEVIN CHAPMAN #7 WILLOW WAY CASCADE ID 83611  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  CONNOLLY PLUMBING VALLEY COUNTY, LLC L CONNOLLY III PO BOX 1747 MCCALL ID 83638						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	PATRICK L	CONNOLLY III	PO BOX 888		CASCADE	ID	USA	83611
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Patrick L Connolly III Date: 07/08/2009						
W 32003		Name (type or print): Patrick L Connolly III			Title: Owner			
Processed 07/08/2009 * Electronically provided signatures are accepted as original signatures.								