


No. W 47093	Due no later than Feb 28, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL LEVET 8170 E DUNBAR CT NAMPA ID 83687
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CASCADE PLUMBING LLC. 8170 E DUNBAR CT NAMPA ID 83687		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 checked="" type="checkbox"/> Member <input type="checkbox"/>	MICHAEL LEVET	8170 E DUNBAR CT	NAMPA	ID	ANYON	83687
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;"> IDAHO W 47093 </div>	6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): <u>MICHAEL LEVET</u> </div> <div style="width: 35%;"> Date: <u>12/28/16</u> <hr/> Title: <u>OWNER</u> </div> </div>
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM