No. <b>W 30219</b>		Due no later than Apr 30, 2014	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form	PHILIP HANSON 1118 N 62ND PL NAMPA ID 83687				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.					
		ONE CALL PLUMBING SERVICE LLC BOB R. FARBER 50 ARCHIE CR. RD.	IVANIFA ID	NAME OF STATE			
		LOWMAN ID 83637-7082	3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER PHILIP HANS		SON 1728 CRESTMONT DR	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Bob R. Farber	Date: 05/12/2014				
W 30219		Name (type or print): Bob R. Farber	Title: Power Of Attorney				
Processed 05/12/2014 * Electronically provided signatures are accepted as original signatures.							