| No. <b>C 148964</b>   |                    | Due no later than May 31, 2011  |                      | 2. Registered Agent and Address (NO PO BOX)                         |                |       |         |             |
|---|--------------------|---|----------------------|---|----------------|-------|---------|-------------|
| Return to:  |                    | Annual Report Form  |                      | MARK T FISHER   |                |       |         |             |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                                  |                    | 1. Mailing Address: Correct in this box if needed.  FISHER PLUMBING, INC.  MARK T FISHER  725 WEST 100 SOUTH  BLACKFOOT ID 83221  USA |                      | 725 W 106 S BLACKFOOT ID 83221  3. New Registered Agent Signature:* |                |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE  |                    |   |                      |   |                |       |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). |                    |   |                      |   |                |       |         |             |
| Office Held   | Name               |   | Street or PO Address |   | City           | State | Country | Postal Code |
| PRESIDENT   | IDENT MARK T FISHE |   | 725 W 106 S          |   | BLACKFOOT      | ID    | USA     | 83221       |
| 5. Organized Under the Laws of:   |                    | 6. Annual Report must be signed.*   |                      |   |                |       |         |             |
| ID  |                    | Signature: L Fisher   |                      | Date: 05/31/2011  |                |       |         |             |
| C 148964  |                    | Name (type or print): L Fisher  |                      |   | Title: Ofc Clk |       |         |             |
| Processed 05/31/2011 * Electronically provided signatures are accepted as original signatures.                    |                    |   |                      |   |                |       |         |             |