
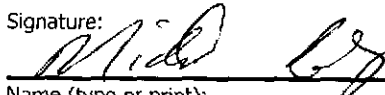


No. W 82349	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL G RILEY 31 W. OREGON HOMEDALE ID 83628
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. PRECISION PUMP & SPRINKER LLC MIKE RILEY 31 W. OREGON <i>PO Box 142 Homedale</i> HOMEDALE ID 83628 <i>ID 83628</i>		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"/> <i>Michael Riley</i> <i>PO Box 142</i> <i>Homedale</i> <i>ID</i> <i>83628</i> <i>Ore Idaho</i>			
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; font-weight: bold;"> IDAHO W 82349 </div>		6. Signature:  <hr/> Name (type or print): <i>MICHAEL Riley</i> <hr/> <div style="text-align: right;"> Date: <i>11-12-2015</i> <hr/> Title: <i>Owner</i> <hr/> </div>	
Issued 11/09/2015 by SLD			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Check either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note: DO NOT** put "same as last year" or "same as above". **These will not be accepted. Changes here will not affect the address in Block 1.** If more space is needed please add an attachment.