

|  |                |  |          |  |         |                       |  |
|--|----------------|--|----------|--|---------|-----------------------|--|
| No. <b>W 82218</b>   |                | <b>Due no later than Mar 31, 2017</b>  |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>         |         |                       |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>WATERWORKS PLUMBING AND WATER TREATMENT, LLC.<br>WILLIAM E MCCAOW<br>1432 S CAROL ST<br>MERIDIAN ID 83646 |          | WILLIAM MCCAOW<br>1988 E. CHIMERE DR.<br>MERIDIAN ID 83646 |         |                       |  |
|  |                |  |          | 3. <u>New</u> Registered Agent Signature:*                 |         |                       |  |
| 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  | WILLIAM MCCAOW | 1432 S. CAROL ST.  | MERIDIAN | ID   | USA     | 83646                 |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*  |          |  |         |                       |  |
| <b>ID<br/>W 82218</b>  |                | Signature: AnnMarie McCaw  |          |  |         | Date: 01/23/2017      |  |
|  |                | Name (type or print): AnnMarie McCaw   |          |  |         | Title: Office manager |  |
| Processed 01/23/2017   |                | * Electronically provided signatures are accepted as original signatures.  |          |  |         |                       |  |