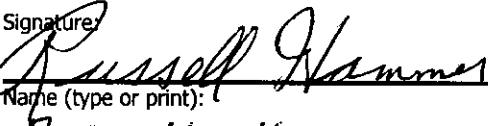


No. C 41642	Due no later than Nov 30, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) RUSSELL D HAMMER 780 NORTH MAIN STREET MOUNTAIN HOME ID 83647																																																	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HAMMER PLUMBING, INC. CHARLOTTE HAMMER DRAWER 789 MOUNTAIN HOME ID 83647		3. <u>New</u> Registered Agent Signature.																																																	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>RUSSELL HAMMER</td> <td>Box 789</td> <td>MTN. HOME</td> <td>ID.</td> <td>USA</td> <td>83647</td> </tr> <tr> <td>SECRETARY</td> <td>CHARLOTTE HAMMER</td> <td>Box 789</td> <td>MTN. HOME</td> <td>ID.</td> <td>USA</td> <td>83647</td> </tr> <tr> <td>VICE PRESIDENT</td> <td>RICHARD HAMMER</td> <td>Box 789</td> <td>MTN. HOME</td> <td>ID.</td> <td>USA</td> <td>83647</td> </tr> <tr> <td>DIRECTOR</td> <td>RUSSELL HAMMER</td> <td>Box 789</td> <td>MTN. HOME</td> <td>ID.</td> <td>USA</td> <td>83647</td> </tr> <tr> <td>DIRECTOR</td> <td>RICHARD HAMMER</td> <td>Box 789</td> <td>MTN. HOME</td> <td>ID.</td> <td>USA</td> <td>83647</td> </tr> <tr> <td>DIRECTOR</td> <td>CHARLOTTE HAMMER</td> <td>Box 789</td> <td>MTN. HOME</td> <td>ID.</td> <td>USA</td> <td>83647</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	RUSSELL HAMMER	Box 789	MTN. HOME	ID.	USA	83647	SECRETARY	CHARLOTTE HAMMER	Box 789	MTN. HOME	ID.	USA	83647	VICE PRESIDENT	RICHARD HAMMER	Box 789	MTN. HOME	ID.	USA	83647	DIRECTOR	RUSSELL HAMMER	Box 789	MTN. HOME	ID.	USA	83647	DIRECTOR	RICHARD HAMMER	Box 789	MTN. HOME	ID.	USA	83647	DIRECTOR	CHARLOTTE HAMMER	Box 789	MTN. HOME	ID.	USA	83647
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5. Organized Under the Laws of: IDAHO C 41642	6. Signature:  Name (type or print): RUSSELL HAMMER	Date: 11-8-13	Title: PRES.																																																	

Issued 10/08/2013 by CLH

132232

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: Enter names and business addresses of president, secretary, and directors. **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.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.

**** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the corporation is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the corporation to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections?

POSTMARK DATES WILL NOT BE ACCEPTED