

No. W 72616	Reinstatement Annual Report Form ADMIN DISSOLVED 06/23/2016		2. Registered Agent and Office (NOT A P.O. BOX) MALCOM S BUTLER III 3190S 1000E DRIGGS ID 83422																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SONNY'S PLUMBING, LLC MALCOLM S BUTLER III PO BOX 333 DRIGGS ID 83422		3. <u>New</u> Registered Agent Signature.																																			
REINSTATEMENT FEE DUE: \$30.00																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; text-align: left;">Manager or Member</th> <th style="width: 20%; text-align: left;">Name</th> <th style="width: 25%; text-align: left;">Street or PO Address</th> <th style="width: 10%; text-align: left;">City</th> <th style="width: 10%; text-align: left;">State</th> <th style="width: 10%; text-align: left;">Country</th> <th style="width: 10%; text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Malcolm Butler</td> <td>P.O. Box 333</td> <td>Driggs</td> <td>ID</td> <td>Teton</td> <td>83422</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Malcolm Butler	P.O. Box 333	Driggs	ID	Teton	83422	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 72616</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> Signature: <u>Malcolm Butler</u> </td> <td style="width: 40%; padding: 5px;"> Date: <u>9/16/16</u> </td> </tr> <tr> <td style="padding: 5px;"> Name (type or print): <u>Malcolm Butler</u> </td> <td style="padding: 5px;"> Title: <u>Owner</u> </td> </tr> </table>			Signature: <u>Malcolm Butler</u>	Date: <u>9/16/16</u>	Name (type or print): <u>Malcolm Butler</u>	Title: <u>Owner</u>																															
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM