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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 85577</b>                                                                                                                                     |                | <b>Due no later than Jul 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>2 THUMBS UP PLUMBING & REMODELING, LLC<br>AMY C CORCORAN<br>PO BOX 170379<br>BOISE ID 83717 |       | CORPORATION SERVICE COMPANY<br>12550 W EXPLORER DR STE 100<br>BOISE ID 83713 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                                               |       | 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                                                                                                                                                | AMY C CORCORAN | 4459 S DANRIDGE AVE                                                                                                                                                                           | BOISE | ID                                                                           | USA     | 83716       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 85577</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Amy C Corcoran<br>Name (type or print): Amy C Corcoran                                                                                        |       | Date: 06/26/2017<br>Title: Owner                                             |         |             |  |
| Processed 06/26/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                                     |       |                                                                              |         |             |  |