




No. <b>W 172821</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	Due no later than Oct 31, 2017 Annual Report Form  1. <b>Mailing Address: Correct in this box if needed.</b> PHOENIX PLUMBING, LLC 52 PALMETTO STE 104 EAGLE ID 83616	2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DONALD FLYNN 2977 W BALATA CT MERIDIAN ID 83646  3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</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>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>DONALD FLYNN</td> <td>2977 W. BALATA CT</td> <td>MERIDIAN</td> <td>ID</td> <td>US</td> <td>83646</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>TRICIA FLYNN</td> <td>2977 W. BALATA CT</td> <td>MERIDIAN</td> <td>ID</td> <td>US</td> <td>83646</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	DONALD FLYNN	2977 W. BALATA CT	MERIDIAN	ID	US	83646	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	TRICIA FLYNN	2977 W. BALATA CT	MERIDIAN	ID	US	83646	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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