No. W 86887	Reinstatement Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	ADMIN DISSOLVED 12/09/2011 1. Mailing Address: Correct in this box if needed. COMFORT SYSTEMS HEATING AND COOLING, LLC	JIM COOPER 613 W LOGAN CALDWELL ID 83605
	613 W LOGAN CALDWELL ID 83605	3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00		
4. Limited Liability Compan Manager or Member Nam	iles: Enter Names and Addresses of Managers OR Members, Se ne Street or PO Address	e Instructions. City State Country Postal Code
Managen Member (circle one)	ekan etanan sebesara sese en sespekan sarap panas seperan sebesa dan kanan sebesa nassebetan sarap an esperana	ildwell ID 83605
5. Organized Under the Laws o		Date: 24-15
W 86887	Name (type or print): Jim Cooper	Title: Owner
Issued 01/24/2012 by CLH		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM