No. <b>W 158211</b>		Due no later than Nov 30, 2016		2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form  1. Mailing Address: Correct in this box if needed.  AMAZING SPRINKLER CARE, LLC 16170 N DIAMOND PEAK DR NAMPA ID 83651		LEANNE GALL 16170 N DIAMOND PEAK DR NAMPA ID 83651-8365				
				3. New 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 BRUCE D GA		ALL	161		NAMPA	ID	USA	83651
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Bruce D. Gall		Date: 11/29/2016				
W 158211		Name (type or print): Bruce D. Gall			Title: Officer			
Processed 11/29/2016		* Electronically provided signatures are accepted as original signatures.						