

No. <b>W 51600</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/07/2011</b>	2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) <b>JEFFREY LEO BEHREND</b> 1944 MAPLE TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT</b> <b>FEE DUE: \$30.00</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  <b>BEHREND PLUMBING AND HEATING LLC</b> <b>JEFF L BEHREND</b> <b>1944 MAPLE</b> <b>TWIN FALLS ID 83301</b> <b>USA</b>

**4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
<input checked="" type="radio"/> Manager <input type="radio"/> Member (circle one)	<i>Jeff Behrend</i>	<i>1944 Maple Twin Falls ID 83301</i>				

5. Organized Under the Laws of:

**IDAHO**  
**W 51600**

6.

Signature: *Jeff Behrend* Date: 10-15-11

Name (type or print): *Jeff Behrend* Title: MANAGE. OWNER