


No. W 47093	Due no later than Feb 28, 2011 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL LEVET 8170 E DUNBAR CT NAMPA ID 83687															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CASCADE PLUMBING LLC. 8170 E DUNBAR CT NAMPA ID 83687		3. <u>New</u> Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th data-bbox="66 397 318 438">Manager/Member</th> <th data-bbox="318 397 672 438">Name</th> <th data-bbox="672 397 1029 438">Street or PO Address</th> <th data-bbox="1029 397 1203 438">City</th> <th data-bbox="1203 397 1300 438">State</th> <th data-bbox="1300 397 1398 438">Country</th> <th data-bbox="1398 397 1552 438">Postal Code</th> </tr> </thead> <tbody> <tr> <td></td> <td>MICHAEL LEVET</td> <td>8170 E DUNBAR CT</td> <td>NAMPA</td> <td>ID</td> <td></td> <td>83687</td> </tr> </tbody> </table>					Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code		MICHAEL LEVET	8170 E DUNBAR CT	NAMPA	ID		83687
Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code												
	MICHAEL LEVET	8170 E DUNBAR CT	NAMPA	ID		83687												
5. Organized Under the Laws of: IDAHO W 47093		6. <div>Signature: </div> <div>Name (type or print): <u>MIKE LEVET</u></div> <div>Date: <u>12/14/10</u></div> <div>Title: <u>OWNER</u></div>																
Issued 12/14/2010 by LJM 132156																		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM