


No. W 63357		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		1. Mailing Address: Correct in this box if needed. NOBLE PLUMBING, L.L.C. KRIS DILLS PO BOX 729 PONDERAY ID 83852		KRIS DILLS PO BOX 729 1302 Forsythia PONDERAY ID 83852 Sandpoint ID 83852	
REINSTATEMENT FEE DUE: \$30.00				3. New Registered Agent Signature.	
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	
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Kris Dills		1302 Forsythia Sandpoint ID USA 83852	
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Ashlund Dills		1302 Forsythia Sandpoint ID USA 83852	
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of: IDAHO W 63357		6. Signature:  Name (type or print): KRIS DILLS		Date: 2-3-14 Title: OWNER	
Issued 02/03/2014 by online					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM