No. W 82436 Return to:		Due no later than Mar 31, 2017 Annual Report Form			2. Registered Agent and Address (NO PO BOX) JONSTHON D HALLIN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CREEKSIDE PLUMBING, LLC CLIFF T MEAD PO BOX 367 RIGGINS ID 83549 601 E FRONT AVE, STE 502 COEUR D'ALENE ID 83814 3. New Registered Agent Signature.			314			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter N	ames and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	CLIFF T M	IEAD	PO BOX 367	RIGGINS	ID	USA	83549	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Cliff Mead			Date: 01/25/2017			
W 82436		Name (type o	or print): Cliff Mead		Title: Owner			
Processed 01/25/2017 * Electronically provided signatures are accepted as original signatures.								