


<p>No. W 141509</p> <p>Reinstatement Annual Report Form ADMIN DISSOLVED 11/17/2015</p>		<p>2. Registered Agent and Office (NOT A P.O. BOX)</p> <p>UNITED STATES CORPORATION AGEN 950 BANNOCK ST STE 1100 BOISE ID 83702 USA</p>																																			
<p>Return to:</p> <p>SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0880</p>	<p>1. Mailing Address: Correct in this box if needed.</p> <p>ROCK CREEK PLUMBING LLC 2507 PAINT BRUSH DR TWIN FALLS ID 83301</p>	<p>3. <u>New</u> Registered Agent Signature.</p>																																			
<p>REINSTATEMENT FEE DUE: \$30.00</p>																																					
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>JOHN L. BATEAU</td> <td>2507 PAINTBRUSH DR</td> <td>TWIN FALLS ID,</td> <td>USA</td> <td></td> <td>83301</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>FELICIA L. BATEAU</td> <td>2507 PAINT BRUSH DR</td> <td>TWIN FALLS ID,</td> <td>USA</td> <td></td> <td>83301</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JOHN L. BATEAU	2507 PAINTBRUSH DR	TWIN FALLS ID,	USA		83301	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	FELICIA L. BATEAU	2507 PAINT BRUSH DR	TWIN FALLS ID,	USA		83301	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																															
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JOHN L. BATEAU	2507 PAINTBRUSH DR	TWIN FALLS ID,	USA		83301																															
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	FELICIA L. BATEAU	2507 PAINT BRUSH DR	TWIN FALLS ID,	USA		83301																															
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																					
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																					
<p>5. Organized Under the Laws of:</p> <p>IDAHO W 141509</p>	<p>6. Signature:</p>  <p>Name (type or print):</p> <p>JOHN L. BATEAU</p>	<p>Date:</p> <p>12/21/15</p> <p>Title:</p> <p>MEMBER</p>																																			
<p>Issued 11/21/2015 by online</p>																																					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM