No. <b>W 95742</b>		Due no later than Aug 31, 2014		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form  1. Mailing Address: Correct in this box if needed.  RELIABLE PLUMBING SERVICE, LLC  MURRAY S CLARK  PO BOX 147  TWIN FALLS ID 83303		2706 N 2201	MURRAY CLARK 3786 N 3381 E KIMBERLY ID 83341  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				KIMBERLY II				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compar	nies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	MURRAY S	CLARK	3786 N. 3381 E.	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Murray Clark			Date: 09/16/2014			
W 95742		Name (type or print): Murray Clark			Title: Manager			
Processed 09/16/2014 * Electronically provided signatures are accepted as original signatures.								