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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------|---------|-------------|--|
| No. <b>W 149578</b>                                                                                                                                    |                 | <b>Due no later than Mar 31, 2017</b>                                                                                                                     |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>     |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>POST FALLS PLUMBING LLC<br>ROBERT C SCHNORE<br>17314 W RICE RD<br>HAUSER ID 83854<br>USA |        | ROBERT C SCHNORE<br>17314 W RICE RD<br>HAUSER ID 83854 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                           |        | 3. <u>New</u> Registered Agent Signature:*             |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                 |                                                                                                                                                           |        |                                                        |         |             |  |
| Office Held                                                                                                                                            | Name            | Street or PO Address                                                                                                                                      | City   | State                                                  | Country | Postal Code |  |
| MEMBER                                                                                                                                                 | MARIE L SCHNORE | 17314 W RICE                                                                                                                                              | HAUSER | ID                                                     | USA     | 83854       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 149578</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Marie Schnore<br>Name (type or print): Marie Schnore<br>Date: 02/10/2017<br>Title: member                 |        |                                                        |         |             |  |
| Processed 02/10/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                 |        |                                                        |         |             |  |