No. W 120185	D	Due no later than Dec 31, 2013 Annual Report Form			2. Registered Agent and Office (NOT A P.O. BOX) GLEN BARNETT 1099 BEAR CREEK RD PRINCETON ID 83857	
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. BARNETT ROOFING LLC GLEN BARNETT PO BOX 125 PRINCETON ID 83854		1099 BEA			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Reg	istered Agent Signature.	
<b>Haneger</b> or Hember	Nar	ne Street		City State	pers. See Instructions.  Country Postal Code  USA 83857	
·	+ H C	Barnett Pl	0Box 125 PM	neeton I	DUSA 83857	
Manager ☐ Member ☑ 🎢	helip C	Barnett P	0 Box 125	Tinceton	IDUSH 83857	
Manager Member 🗗 🦯	athe	W Barnett	PO BOX125	Princeto.	NIO USA 83859	
5. Organized Under the La	ws of: 6	),			· · · · · · · · · · · · · · · · · · ·	
IDAHO		Signature: Date: 12/4/13				
		Selve D. Barrett  Name (type or print):  Glen D. Barrett			12/4/13 Title: Member	
					<u>Member</u>	
ssued 11/01/2013 by PEH					11130	
orrect mailing address is no orrected address <b>must</b> be	ot given in inside Bloc jistered age	Block 1, strike it out k 1. ent or office, strike th	and write in the correct a	ddress. <b>Note:</b> To	the mailing address. If the ensure future mailings, the rect information. <b>Note:</b> The office of Box.	
i <b>lock 3:</b> Only a <u>new</u> regist	ered agent	t must sign in Block 3	<b>3.</b>			
Block 4: Check either Mem ompany. Note: <u>DO NOT</u> p iffect the address in Bloc	rut "same	as last year" or "s	ame as above". These	will not be accer	embers of the limited liability pted. Changes here will not	
Nock 5: May not be altered	d through t	he use of this form.				
Nock 6: The annual report he signer below the signatu	must be si ire.	igned by a person au	thorized to represent the	limited liability cor	npany. Print or type the name of	
* The image of this form	n will be a	wailable on the in	ternet once it has been	filed. DO <u>NOT</u> e	nter Social Security numbers.	
f the limited liability compar rebsite at www.sos.idaho.g ability company to terminat	ov. Howev	er, if no timely annua	al report is filed, administr	ative action will be	Forms are available on the atken, at no cost to the limited vision at (208) 334-2301.	

POSTMARK DATES WILL NOT BE ACCEPTED

If the document is incorrect, is there a telephone number to reach you for corrections?