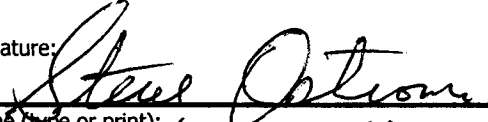


No. W 44369	Due no later than Nov 30, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) STEVE OSTROM 7214 DEERFLAT RD NAMPA ID 83686
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. A+ PLUMBING LLC STEVE OSTROM 7214 DEERFLAT RD NAMPA ID 83686		3. <u>New</u> Registered Agent Signature. <div style="text-align: center; font-family: cursive; font-size: 1.2em;">none</div>
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Steve Ostrom	7214 Deerflat Rd	Nampa ID 83686
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 44369</div>		6. Signature:  <hr/> Name (type or print): STEVE OSTROM <div style="float: right; text-align: right;"> Date: <u>12/29/15</u> Title: <u>OWNER</u> / MANAGER </div>	