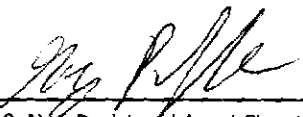



No. W 160834 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Jan 31, 2018 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) GREGG PUFFE 525 CROSSPOINT AVE NAMPA ID 83686  3. <u>New</u> Registered Agent Signature.																																			
1. Mailing Address: Correct in this box if needed. SNAKE RIVER ROOFING LLC 525 CROSSPOINT AVE NAMPA ID 83686																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>GREG PUFFE</td> <td>525 CROSSPOINT</td> <td>NAMPA</td> <td>ID</td> <td>USA</td> <td>83686</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> <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 checked="" type="checkbox"/> Member <input type="checkbox"/>	GREG PUFFE	525 CROSSPOINT	NAMPA	ID	USA	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"/>						
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 160834 </div>	6. Signature:  <hr/> Name (type or print): GREG PUFFE																																				
		Date: <u>MARCH 9/18</u> <hr/> Title: <u>OWNER</u>																																			

Issued 02/26/2018 by SAT

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM