No. W 102987 Return to:		Due no later than May 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. UNIQUE PLUMBING LLC WILLIAM OLSON 9202 HAPPY VALLEY RD NAMPA ID 83686			2. Registered Agent and Address (NO PO BOX) WILLIAM OLSON 9202 HAPPY VALLEY RD. NAMPA 83686 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				9202 HAPP NAMPA				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	nies: Enter Na	ames and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	WILLIAM O	LSON	9202 HAPPY VALLEY RD	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: W	'illiam Olson		Date: 03/23/2015			
W 102987		Name (type o	or print): William Olson		Title: President			
Processed 03/23/2015 * Electronically provided signatures are accepted as original signatures.								