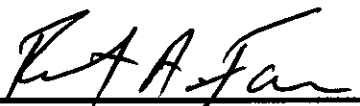


No. W 104141		Reinstatement Annual Report Form ADMIN DISSOLVED 09/10/2013		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT FARIS 8750 QUAIL RIDGE DR NAMPA ID 83686-9329																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. V4 PLUMBING SERVICE, LLC ROBERT FARIS 8750 QUAIL RIDGE DR NAMPA ID 83686-9329 USA		3. New Registered Agent Signature.																																				
REINSTATEMENT FEE DUE: \$30.00																																								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																								
<table><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Manager ☐ Member ☒</td><td>James T. Waters</td><td>8717 N. Craybon,</td><td>Boise</td><td>ID</td><td>U.S.</td><td>83704</td></tr><tr><td>Manager ☐ Member ☒</td><td>Nathaniel J. Adams</td><td>3515 12th Ave,</td><td>Nampa</td><td>ID</td><td>U.S.</td><td>83686</td></tr><tr><td>Manager ☐ Member ☒</td><td>Robert A. Faris</td><td>8750 Quail Ridge Rd,</td><td>Nampa</td><td>ID</td><td>U.S.</td><td>83686</td></tr><tr><td>Manager ☐ Member ☐</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 ☐ Member ☒	James T. Waters	8717 N. Craybon,	Boise	ID	U.S.	83704	Manager ☐ Member ☒	Nathaniel J. Adams	3515 12th Ave,	Nampa	ID	U.S.	83686	Manager ☐ Member ☒	Robert A. Faris	8750 Quail Ridge Rd,	Nampa	ID	U.S.	83686	Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 104141		6.																																						
		Signature: 		Date:																																				
		Name (type or print): Robert A. Faris		Title: Member																																				
Issued 11/07/2013 by 1.1																																								

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM