FILED EFFECTIVE

No. W 51600	Reinstatement Annual Report Form ADMIN DISSOLVED 09/08/2009	2. Registered Agent and Office **(NOT A P.O. BOX)** JEFFREY LEO BEHREND ~~435 FILLMORE~~ 1944 maple TWIN FALLS ID 83301
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.** BEHREND PLUMBING AND HEATING LLC ~~435 FILLMORE~~ ~~TWIN FALLS ID 83301~~ 1944 maple Twin Falls ID 83301	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Owner	Jeff Behrend	1944 maple	Twin Falls	ID	Twin	83301

5. Organized Under the Laws of:	6.
IDAHO W 51600	Signature: [signature] Date: 02/26/09 Name (type or print): Jeff Behrend Title: owner

Issued 10/23/2009 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the