

| | | | | | | | |
|--|---------------------|---|--|--|-------------|---------|----------------------|
| No. W 30947 | | Due no later than Jun 30, 2015 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. EVANS PUMPS LLC CODIE EVANS 2202 ARBON VALLEY HWY POCATELLO ID 83204 USA | | CODIE EVANS 2202 ARBON VALLEY HWY POCATELLO ID 83204 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MEMBER | Name CODIE EVANS | Street or PO Address 2202 ARBON HWY | | City POCATELLO | State ID | Country | Postal Code 83204 |
| 5. Organized Under the Laws of: ID W 30947 | | 6. Annual Report must be signed.* Signature: CODIE EVANS Name (type or print): CODIE EVANS Date: 05/05/2015 Title: OWNER | | | | | |
| Processed 05/05/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | |