

|                                                                                                                                                        |                |                                                                                                                                              |       |                                                        |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------|-------------|--|
| No. <b>W 5694</b>                                                                                                                                      |                | <b>Due no later than Mar 31, 2010</b>                                                                                                        |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>     |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>SNAKE RIVER PLUMBING, LLC<br>A LYLE GARDNER<br>PO BOX 300<br>TETON ID 83451 |       | A. LYLE GARDNER<br>38 SOUTH 1ST EAST<br>TETON ID 83445 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                              |       | 3. <u>New</u> Registered Agent Signature:*             |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                |                                                                                                                                              |       |                                                        |         |             |  |
| Office Held                                                                                                                                            | Name           | Street or PO Address                                                                                                                         | City  | State                                                  | Country | Postal Code |  |
| MEMBER                                                                                                                                                 | KYLER GARDNER  | 38 S 1ST EAST                                                                                                                                | TETON | ID                                                     | USA     | 83451       |  |
| MEMBER                                                                                                                                                 | A LYLE GARDNER | 38 S 1ST EAST                                                                                                                                | TETON | ID                                                     | USA     | 83451       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 5694</b>                                                                                            |                | 6. Annual Report must be signed.*<br>Signature: Lyle Gardner<br>Name (type or print): Lyle Gardner<br>Date: 01/15/2010<br>Title: Member      |       |                                                        |         |             |  |
| Processed 01/15/2010                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                    |       |                                                        |         |             |  |