

No. W 41525		Due no later than Jul 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) KEN STEPHENS 719 AIRWAY AVE LEWISTON ID 83501																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. STEPHENS R&B CONSTRUCTION LLC KEN STEPHENS 719 AIRWAY AVE LEWISTON ID 83501		3. <u>New</u> Registered Agent Signature.																																				
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table border="1"> <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 <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td colspan="6">Ken Stephens 719 Airway Ave Lew. Id a Neperce</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>						Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Ken Stephens 719 Airway Ave Lew. Id a Neperce						Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 41525		6. Signature:  Name (type or print): <u>Ken Stephens</u>																																						
		Date: <u>Aug 12 16</u> Title: <u>owner</u>																																						

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM