




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	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.
NO FILING FEE IF RECEIVED BY DUE DATE			

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

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.	Ida	Nez Perce	
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 41525 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>Aug 12 16</u> </td> </tr> <tr> <td> Name (type or print): <u>Ken Stephens</u> </td> <td> Title: <u>owner</u> </td> </tr> </table>	Signature: 	Date: <u>Aug 12 16</u>	Name (type or print): <u>Ken Stephens</u>	Title: <u>owner</u>
Signature: 	Date: <u>Aug 12 16</u>				
Name (type or print): <u>Ken Stephens</u>	Title: <u>owner</u>				