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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------------------|
| No. <b>W 72616</b>                                                                                                                                     |                     | <b>Due no later than Mar 31, 2015</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>SONNY'S PLUMBING, LLC<br>MALCOLM S BUTLER III<br>PO BOX 333<br>DRIGGS ID 83422 |        | MALCOM S BUTLER III<br>3190S 1000E<br>DRIGGS 83422 |                     |
|                                                                                                                                                        |                     |                                                                                                                                                                                  |        | 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                                                                                                                                                 | MALCOM S BUTLER III | PO BOX 333                                                                                                                                                                       | DRIGGS | ID                                                 | 83422               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 72616</b>                                                                                           |                     | 6. Annual Report must be signed.*<br>Signature: Malcom Butler<br>Name (type or print): Malcom Butler<br>Date: 03/26/2015<br>Title: Owner                                         |        |                                                    |                     |
| Processed 03/26/2015                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                                        |        |                                                    |                     |