No. W 51274	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2011			2. Registered Agent and Office (NOT A P.O. BOX) CRAIG THOMAS GILES 627 EAST 1500 NORTH SHELLEY ID 83274		
Return to:						
SECRETARY OF STATE 450 N 4th STREET	1. Mailing Address: Correct in this box if needed.					
PO BOX 83720 BOISE, ID 83720-0080	AAA GILES JANITORIAL & CARPET CLEANING LLC CRAIG T. GILES					
	627 EAST 1500 NORTH SHELLEY ID 83274		2 Nov. Basistand A Circular			
				3. New Registered Agent Signature.		
	USA					
REINSTATEMENT				•		
FEE DUE: \$30.00	i .		• *			
4. Limited Liability Compa	nies: Enter Names and Ad	dresses of Managers O	R Members	. See Instructions	s.	
Manager or Member Nam	-	Street or PO Address		,	State Country Postal Code	
Manager Member (circle one)	AND THE PERSON OF THE PERSON O		<i>-</i> 1 1		ementales esta esta esta esta esta esta esta es	
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5. Organized Under the Laws	of: 6.	1 -	11.	1		
· ·	C!	1 Union	\mathcal{M}_{i}	11.	Date: 1.1ml	
IDAHO	Signature:	MWVVX	MM	<u> </u>	Date: 10/3/1/	
				<i>^ -</i>	, ,	
W 51274	Name (type or pri	int):	419 1	Thes	Title: DuMl/	
Issued 09/20/2011 by KAH			7	<u> </u>		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM