No. W 7326	Due no later than Nov 30, 2013 Annual Report Form  1. Mailing Address: Correct in this box if needed.	2. Registered Agent and Office (NOT A P.O. BOX)  JAMES L DERBYSHIRE 425 E ELK CREEK RD KELLOGG ID 83837
Return to: SECRETARY OF STATE		
450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	JAS JANITORIAL SERVICE LLC PO BOX 393 KELLOGG ID 83837	
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature.
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 Member - Januer L Perbyshire Po Box 393 Kelloga Id. 83837		
Manager Manage		
Manager Member & Sar At of Burkgapet: 23/7 1/4 ave w# 202 willistan, NOD 58801		
Manager Member of Jennifet L. Willkerson+, 20609 74 AUX EAST SPARAWAY, 62ASL		
5. Organized Under the Lav		
IDAHO	Signature:	Date:
W 7326	Name (type or point):	1 11- 4-20 13 Title:
	tenny J. Derbyshi	re outer (manager)
Issued 09/25/2013 by JL1 109053		

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.** 

**Block 3:** Only a **new** registered agent must sign in Block 3.

**Block 4:** Check either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note: <u>PO NOT</u>** put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

\*\* The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.

If the limited liability company is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited liability company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections? \_\_

POSTMARK DATES WILL NOT BE ACCEPTED