

No. W 18016	Reinstatement Annual Report Form ADMIN DISSOLVED 05/26/2015		2. Registered Agent and Office (NOT A P.O. BOX) NANCY MCNABB 9901 W FOX BRUSH DR BOISE ID 83709
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. IRONSTONE CLEANING SERVICES, LLC NANCY MCNABB 1333 LAKE HAZEL RD BOISE ID 83705 USA		3. <u>New</u> 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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	NANCY McNabb	1333 LAKE HAZEL LN	Boise	Id		
		Ada				83705
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-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 18016</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Nancy McNabb</u> </td> <td style="width: 40%;"> Date: <u>10-19-15</u> </td> </tr> <tr> <td> Name (type or print): <u>Nancy McNabb</u> </td> <td> Title: <u>OWNER</u> </td> </tr> </table>	Signature: <u>Nancy McNabb</u>	Date: <u>10-19-15</u>	Name (type or print): <u>Nancy McNabb</u>	Title: <u>OWNER</u>
Signature: <u>Nancy McNabb</u>	Date: <u>10-19-15</u>				
Name (type or print): <u>Nancy McNabb</u>	Title: <u>OWNER</u>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM