

No. W 47050	Reinstatement Annual Report Form ADMIN DISSOLVED 05/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) JILL DIEMER 12854 W VENTANA CT BOISE ID 83713 1050 N. Stronghold Ave Meridian ID 83642																																			
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. JD CLEANING SERVICE LLC JILL DIEMER 12854 W VENTANA CT BOISE ID 83713 1050 N. Stronghold Ave Meridian ID 83642		3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jill Diemer</td> <td>1050 N. Stronghold</td> <td>Meridian</td> <td>ID</td> <td>USA</td> <td>83642</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kathie Sorensen</td> <td>4216 E Boreal Ct</td> <td>Nampa</td> <td>ID</td> <td>USA</td> <td>83687</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jill Diemer	1050 N. Stronghold	Meridian	ID	USA	83642	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kathie Sorensen	4216 E Boreal Ct	Nampa	ID	USA	83687	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jill Diemer	1050 N. Stronghold	Meridian	ID	USA	83642																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kathie Sorensen	4216 E Boreal Ct	Nampa	ID	USA	83687																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 47050	6. Signature: <u>Jill Diemer</u> <u>Jill Diemer</u> Name (type or print):			Date: <u>5-7-12</u> <u>Owner/Manager</u> Title:																																		

Issued 05/03/2012 by CLH

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.