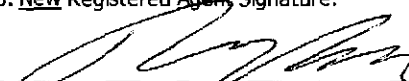



FILED

No. W 147635	Reinstatement Annual Report Form ADMIN DISSOLVED 05/25/2016		2. Registered Agent and Office (NOT A P.O. BOX) MIKE MACHADO Tory Cooper 3643 N 1000 E 3088 N 3100 E BUHL ID 83316 Twin Falls, ID 83301																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SUREFIRE CLEANING SERVICES LLC TORY COOPER 3088 N 3100 E TWIN FALLS ID 83301																																					
REINSTATEMENT FEE DUE: \$30.00			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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Tory Cooper</td> <td>3088 N 3100 E</td> <td>Twin Falls</td> <td>ID</td> <td>USA</td> <td>83301</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>JOE PEREIRA</td> <td>2221 CAYUGA</td> <td>Twin Falls</td> <td>ID</td> <td></td> <td>83301</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Tory Cooper	3088 N 3100 E	Twin Falls	ID	USA	83301	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JOE PEREIRA	2221 CAYUGA	Twin Falls	ID		83301	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 147635		6. Signature:  Date: 04-18-2017 Name (type or print): Tory Cooper Title: Member																																				
Issued 04/18/2017 by online																																						