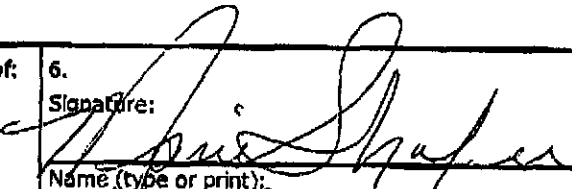


No. W 90263		Reinstatement Annual Report Form ADMIN DISSOLVED 05/10/2013		2. Registered Agent and Office (NOT A P.O. BOX) MARIE SHAFER 154 TREASURE LN HAILEY ID 83333 NOV 17 AM 9:39																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PIONEER CLEANING LLC PATTY HOLLEY Marie Shafer PO BOX 1656 P.O. Box 14 KETCHUM ID 83340 Hailey, ID 83333		3. New Registered Agent Signature.																																				
REINSTATEMENT FEE DUE: \$30.00																																								
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>Marie Shafer</td><td>P.O. BOX 14</td><td>Hailey</td><td>ID</td><td></td><td>83333</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><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"/>	Marie Shafer	P.O. BOX 14	Hailey	ID		83333	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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 90263		6. Signature:  Date: <u>11/17/14</u> Name (type or print): <u>Marie Shafer</u> Title: <u>owner</u>																																						
Issued 11/17/2014 by online																																								

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM