




No. W 36973	Due no later than Feb 28, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) KATHY L CARLSON 5943 N PINEGROVE DR COEUR D'ALENE ID 83815
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. KATE'S CONSTRUCTION INTERIOR CLEANUP, LLC KATHY L CARLSON 5943 N PINEGROVE DR COEUR D'ALENE ID 83815		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"/>	Kathy L Carlson	5943 N. Pinegrove Dr.	COA	Ida.	Kootenia	83815
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 W 36973</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 1-15-17 </td> </tr> <tr> <td> Name (type or print): Kathy L. CARLSON </td> <td> Title: <u>owner</u> </td> </tr> </table>	Signature: 	Date: 1-15-17	Name (type or print): Kathy L. CARLSON	Title: <u>owner</u>
Signature: 	Date: 1-15-17				
Name (type or print): Kathy L. CARLSON	Title: <u>owner</u>				

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