

No. W 73370 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	Reinforcement Annual Report Form ADMIN DISSOLVED 07/10/2013			2. Registered Agent and Office (NOT A P.O. BOX) MIKE LEVI SPENCER Darcye Moon 17688 BATT CORNER RD 2820 WILDER ID 83676 2820 Gemst USA Boise 83705		
	REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. GO GREEN CLEANING LLC MIKE LEVI SPENCER Darcye Moon 17688 BATT CORNER RD 2820 Gemst WILDER ID 83676 USA Boise 10 83705			3. New Registered Agent Signature. Darcye Moon	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Name Darcye Moon	Street or PO Address 2820 N Gemst	City 51	State Boise	Country ID	Postal Code 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: IDAHO W 73370		6. Signature: Darcye Moon Name (type or print): Darcye Moon				
		Date: 8-25-15 Title: Owner				
Issued 08/24/2015 by online						

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.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box**.

Block 3: Only a **new** registered agent must sign in Block 3.

Block 4: Check either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note:** **DO NOT** put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

**** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the limited liability company is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited liability company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections? _____