

No. W 125074	Due no later than May 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. WHIRLWIND CLEANING SERVICES, LLC ROBIN L LEHAT 309 E C ST SHOSHONE ID 83352		ROBIN L LEHAT 309 E C ST SHOSHONE ID 83352																																			
NO FILING FEE IF RECEIVED BY DUE DATE			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>Robin L. Lehat</td> <td>309 E. C St.</td> <td>Shoshone,</td> <td>ID.</td> <td>USA.</td> <td>83352</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"/>	Robin L. Lehat	309 E. C St.	Shoshone,	ID.	USA.	83352	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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"/>	Robin L. Lehat	309 E. C St.	Shoshone,	ID.	USA.	83352																																
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 125074	6. Signature: <u>Robin L. Lehat</u> Date: <u>07/03/14</u> Name (type or print): <u>Robin L. Lehat</u> Title: <u>President</u>																																					

Issued 06/30/2014 by CLH

106640

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM