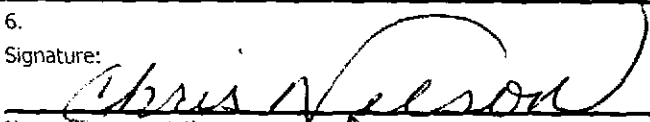


No. W 43187	Due no later than Sep 30, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CHRIS NELSON 3975 S BRIARWOOD CIR IDAHO FALLS ID 83404
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. EXTREME CLEAN SWEEP L.L.C. CHRIS NELSON 3975 S BRIARWOOD CIR IDAHO FALLS ID 83404		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"/>	Chris Nelson	3975 S Briarwood Cir	Idaho Falls ID USA 83404
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Mark Nelson	3975 S. Briarwood Cir	Idaho Falls ID USA 83404
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-size: 1.2em;"> IDAHO W 43187 </div>		6. Signature: <div style="text-align: center;">  <hr/> Name (type or print): <div style="display: flex; justify-content: space-around;"> Chris Nelson </div> </div> <div style="text-align: right; margin-top: 10px;"> Date: <u>7-25-15</u> Title: <u>Managing member</u> </div>	
Issued 07/20/2015 by CLH		120310	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM