| No. W 111948 | | Due no later than Mar 31, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------|----------------------------------------------------------------------------|-------|---------|-------------|
| Return to: | | Annual Report Form | | ROBERT POLEKI | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. MS BETTY'S CLEANING SERVICE LLC ROBERT POLEKI PO BOX 2842 POCATELLO ID 83206 | | | 780 HALLMARK DRIVE POCATELLO ID 83202 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | nies: Enter Na | mes and Addresse | s of at least one Member or Manager | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MEMBER | ROBERT T | POLEKI | 780 | | POCATELLO | ID | USA | 83202 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Robert Poleki | | Date: 01/24/2017 | | | | |
| W 111948 | | Name (type or print): Robert Poleki | | Title: Member | | | | |
| Processed 01/24/2017 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |