

## INSTRUCTIONS ON REVERSE SIDE

No. 688	<b>Idaho Limited Liability Company Annual Report Form</b>		2. Registered Agent and Office NOT A P.O. BOX																
Return To  Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 30, 1995		GARY MCCracken 244 SO. ORCHARD																
	1. Mailing Address -- Please Correct, If Not Correct		BOISE ID 83705  3. Organized Under The Laws of ID NO: 688																
	CLOTHESLINE CLEANERS, L.L.C. GARY MCCracken 244 SO. ORCHARD  BOISE ID 83705																		
4. Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one) MUST BE PRINTED OR TYPED																			
<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>GARY McCracken</td> <td>10682 W. TREELINE Crt.</td> <td>Boise</td> <td>Id</td> <td>83713</td> </tr> <tr> <td>Duane H. McCracken</td> <td>746 PALMETTO</td> <td>EAGLE</td> <td>Id</td> <td>83616</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	GARY McCracken	10682 W. TREELINE Crt.	Boise	Id	83713	Duane H. McCracken	746 PALMETTO	EAGLE	Id	83616
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5. Signature of the Current Registered Agent (if changed in block 2)		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>GARY McCracken</u> Date <u>7/21/95</u> Name (Typed or Printed) <u>GARY MCCracken</u>																	