

|                                                                                                                                                        |                 |                                                                                                                                                  |       |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 91348</b>                                                                                                                                     |                 | <b>Due no later than Mar 31, 2017</b>                                                                                                            |       | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>N.S. CLEANING COMPANY LLC<br>NAZIR OMEROVIC<br>8977 W INCA CT<br>BOISE ID 83709 |       | NAZIR OMEROVIC<br>8977 W INCA CT<br>BOISE ID 83709 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                                  |       | 3. <u>New</u> Registered Agent Signature:*         |         |                  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                 |                                                                                                                                                  |       |                                                    |         |                  |  |
| Office Held                                                                                                                                            | Name            | Street or PO Address                                                                                                                             | City  | State                                              | Country | Postal Code      |  |
| MEMBER                                                                                                                                                 | SABINA OMEROVIC | 8977 W INCA CT                                                                                                                                   | BOISE | ID                                                 | USA     | 83709            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                |       |                                                    |         |                  |  |
| <b>ID<br/>W 91348</b>                                                                                                                                  |                 | Signature: sabinaomerovic                                                                                                                        |       |                                                    |         | Date: 01/30/2017 |  |
|                                                                                                                                                        |                 | Name (type or print): sabinaomerovic                                                                                                             |       |                                                    |         | Title: member    |  |
| Processed 01/30/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                        |       |                                                    |         |                  |  |