

No. W 20163	Reinstatement Annual Report Form ADMIN DISSOLVED 10/11/2013		2. Registered Agent and Office (NOT A P.O. BOX) KRIS J GILDESGAARD 5630 ELKHORN AVE BOISE ID 83705																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. PREMIER POWER WASHING L.L.C. KRIS J GILDESGAARD 5630 ELKHORN AVE BOISE ID 83705 USA		3. <u>New</u> 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>KRIS GILDESGAARD</td> <td>5630 ELKHORN AVE</td> <td>BOISE</td> <td>ID.</td> <td>ADA</td> <td>83705</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"/>	KRIS GILDESGAARD	5630 ELKHORN AVE	BOISE	ID.	ADA	83705	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 20163		6. Signature: <u>Kris Gildesgaard</u> Date: <u>10/28/13</u> Name (type or print): <u>KRIS GILDESGAARD</u> Title: <u>OWNER/MANAGER</u>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM