No. <b>W 136113</b>	Due no later than Mar 31, 2018		2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		10 A TOWN OF THE CO. LANS.	HRISTENSEN			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.			5014 SEMINOLE PL BOISE ID 83709			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CHRISTENSEN MOBILE WASH LLC. CASE CHRISTENSEN 5014 SEMINOLE PL BOISE ID 83709		BOISE II				
			3. <u>New</u> Regi	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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	
MANAGER TAMMY R CHRISTENSEN		5014 SEMINOLE PL	BOISE	ID	USA	83709	
5. Organized Under the Laws of:  6. Annual Report must be signed.*							
ID	Signature: TChrist		Date: 04/14/2018				
W 136113	<b>W 136113</b> Name (type or print): TChristensen		Title: Manager				
Processed 04/14/2018	* Electronically provided signatures are accepted as original signatures.						