

6/17/2018

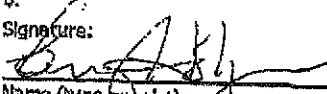
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PAX No. 208-233-4167

P. 002/003

W 140430

FILED EFFECTIVE

No. W 140430	Reinstatement Annual Report Form ADMIN DISSOLVED 10/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) TAMY KIEPACH Holjeson 636 E ELAINE CIRCLE INKOM ID 83245																																			
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. POCATELLO'S BEST CLEANERS, LLC TAMY KIEPACH Holjeson 636 E ELAINE CIRCLE INKOM ID 83245		3. New 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 ☐ Member ☒</td> <td>Tamy Holjeson</td> <td>636 E Elaine Circle</td> <td>Inkom</td> <td>ID</td> <td>USA</td> <td>83245</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☐ Member ☒	Tamy Holjeson	636 E Elaine Circle	Inkom	ID	USA	83245	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 140430		6. Signature:  Name (type or print): <u>Tamy Holjeson</u> Date: <u>4-17-16</u> Title: <u>Owner</u>																																				

Issued 06/17/2016 by online