

|                                                                                                                                                        |              |                                                                                                                                                                         |       |                                                        |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------|------------------|--|
| No. <b>C 152440</b>                                                                                                                                    |              | <b>Due no later than Jan 31, 2014</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>CLEAN PRO ADVANCED CLEANING SYSTEMS, INC.<br>ARLO J PORTA<br>5351 N NORTHWALL AVE<br>BOISE ID 83703<br>USA |       | ARLO J PORTA<br>5351 N NORTHWALL AVE<br>BOISE ID 83703 |         |                  |  |
|                                                                                                                                                        |              |                                                                                                                                                                         |       | 3. <u>New</u> Registered Agent Signature:*             |         |                  |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |              |                                                                                                                                                                         |       |                                                        |         |                  |  |
| Office Held                                                                                                                                            | Name         | Street or PO Address                                                                                                                                                    | City  | State                                                  | Country | Postal Code      |  |
| SECRETARY                                                                                                                                              | LISA M PORTA | 5351 N. NORTHWALL AVE                                                                                                                                                   | BOISE | ID                                                     | USA     | 83703            |  |
| PRESIDENT                                                                                                                                              | ARLO J PORTA | 5351 N. NORTHWALL AVE                                                                                                                                                   | BOISE | ID                                                     | USA     | 83703            |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                                                       |       |                                                        |         |                  |  |
| <b>ID<br/>C 152440</b>                                                                                                                                 |              | Signature: Lisa M Porta                                                                                                                                                 |       |                                                        |         | Date: 11/22/2013 |  |
|                                                                                                                                                        |              | Name (type or print): Lisa M Porta                                                                                                                                      |       |                                                        |         | Title: Secretary |  |
| Processed 11/22/2013                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                               |       |                                                        |         |                  |  |