

No. W 99862	Reinstatement Annual Report Form ADMIN DISSOLVED 04/09/2012		2. Registered Agent and Office (NOT A P.O. BOX) NOEMI GARCIA 1604 GARRITY BLVD STE 103 NAMPA ID 83687 15579 Orchard Ave Caldwell, ID 83607																																			
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. STARS CLEANING SERVICE LLC NOEMI GARCIA 1604 GARRITY BLVD STE 103 NAMPA ID 83687 15579 Orchard Ave Caldwell, ID 83607		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>Noemi Garcia</td> <td>15579 Orchard Ave.</td> <td>Caldwell, ID</td> <td>USA</td> <td></td> <td>83607</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"/>	Noemi Garcia	15579 Orchard Ave.	Caldwell, ID	USA		83607	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 99862	6. Signature: <u>Noemi Garcia</u> Name (type or print): <u>Noemi Garcia</u> Date: <u>4/26/2012</u> Title: <u>Manager/Owner</u>																																					

Issued 04/20/2012 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM