


No. <u>W 202</u>	Annual Report Form Due No Later Than November 30, <u>1997</u>	2. Registered Agent and Office NOT A P.O. BOX DARRIN L PETERSEN 1556 W BROADWAY IDAHO FALLS ID 83402																				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED STATE NOTICE	1. Mailing Address - Please Correct, If Not Correct REGIONAL CLEANING PARTNERS 1 DARRIN L PETERSEN 1556 W BROADWAY IDAHO FALLS ID 83402	3. Organized Under the Laws of: ID W 202																				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one)																						
Office held 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 20%;">Zip</th> </tr> </thead> <tbody> <tr> <td>Darrin L Petersen</td> <td>1556 W. Broadway</td> <td>IF</td> <td>ID</td> <td>83402</td> </tr> <tr> <td>S. Lloyd Petersen</td> <td>1569 Ray</td> <td>IF</td> <td>ID</td> <td>83402</td> </tr> <tr> <td>Joann Petersen</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> </tbody> </table>		Name	Street or P.O. Address	City	State	Zip	Darrin L Petersen	1556 W. Broadway	IF	ID	83402	S. Lloyd Petersen	1569 Ray	IF	ID	83402	Joann Petersen	✓	✓	✓	✓
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5. SIGNATURE OF CURRENT RA	6. <table style="width: 100%;"> <tr> <td style="width: 50%;">Signature <u>Darrin L Petersen</u></td> <td style="width: 50%;">Date <u>27 Dec 97</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Darrin L Petersen</u></td> <td>Title <u>managing partner</u></td> </tr> </table>		Signature <u>Darrin L Petersen</u>	Date <u>27 Dec 97</u>	Name (Typed or Printed) <u>Darrin L Petersen</u>	Title <u>managing partner</u>																
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ISSUED: 10-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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