


FILED EFFECTIVE

No. W 124872 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 08/15/2014 1. Mailing Address: Correct in this box if needed. HOUSEKEEPING SOLUTIONS, LLC 11476 W CUMBERLAND RIVER DR NAMPA ID 83686 <i>Housekeeping Solutions LLC</i> <i>16614 N Profit Circle #102</i> <i>Nampa ID 83687</i>	2. Registered Agent and Office (NOT A P.O. BOX) VUJA A BAKER 11476 W CUMBERLAND RIVER DR NAMPA ID 83686 3. <u>New</u> Registered Agent Signature.
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4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Hannah Henderson	16614 N Profit Circle #102	Nampa	ID	83687	USA
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Vija Baker	11476 W. Cumberland River Dr.	Nampa	ID	83686	USA
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Angelita Hurtado	417 3rd St. S.	Nampa	ID	83686	USA
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 124872 </div>	6. Signature:  Name (type or print): <u>Hannah Henderson</u> Date: <u>8/26/2014</u> Title: <u>Member</u>
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.