

|                                                                                                                                                        |            |                                                                                                                                                      |       |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 91657</b>                                                                                                                                     |            | <b>Due no later than Mar 31, 2015</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><br>ATD JANITORIAL SERVICES LLC<br>JASON FUNK<br>4602 N MARCLIFFE WAY<br>BOISE ID 83704 |       | JASON FUNK<br>4602 N MARCLIFFE WAY<br>BOISE 83704  |         |             |  |
|                                                                                                                                                        |            |                                                                                                                                                      |       | 3. <u>New</u> Registered Agent Signature: *        |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |            |                                                                                                                                                      |       |                                                    |         |             |  |
| Office Held                                                                                                                                            | Name       | Street or PO Address                                                                                                                                 | City  | State                                              | Country | Postal Code |  |
| MEMBER                                                                                                                                                 | JASON FUNK | 4602 N. MARCLIFFE WAY                                                                                                                                | BOISE | ID                                                 | USA     | 83704       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 91657</b>                                                                                           |            | 6. Annual Report must be signed.*<br>Signature: Jason Funk<br>Name (type or print): Jason Funk<br>Date: 01/26/2015<br>Title: Owner                   |       |                                                    |         |             |  |
| Processed 01/26/2015                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                            |       |                                                    |         |             |  |