





No. W 164102	Due no later than Mar 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) KATHRYN JOHNSON 623 1ST ST IDAHO FALLS ID 83401																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. PRISTINE CLEAN SUPPLY, LLC TIFFANY ANGLIN JOHNSON 1450 RIVIERA DR IDAHO FALLS ID 83404		3. <u>New</u> Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 35%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 5%;">State</th> <th style="width: 5%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Kathryn Johnson</td> <td>1450 Riviera</td> <td>Idaho Falls</td> <td>ID</td> <td></td> <td>83404</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"/>	Kathryn Johnson	1450 Riviera	Idaho Falls	ID		83404	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Kathryn Johnson	1450 Riviera	Idaho Falls	ID		83404																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 164102</div>	6. <table style="width: 100%;"> <tr> <td style="width: 60%;">Signature: </td> <td style="width: 40%;">Date: 3-31-17</td> </tr> <tr> <td>Name (type or print): <u>KATHRYN L JOHNSON</u></td> <td>Title: _____</td> </tr> </table>			Signature: 	Date: 3-31-17	Name (type or print): <u>KATHRYN L JOHNSON</u>	Title: _____																															
Signature: 	Date: 3-31-17																																					
Name (type or print): <u>KATHRYN L JOHNSON</u>	Title: _____																																					

Issued 05/02/2017 by online

121142

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM