


No. W 15452	Due no later than May 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address. Correct in this box, if applicable.		MICHAEL TODD WRIGHT 639 W WATERBURY DR MERIDIAN, ID 83642												
	CLEANWRIGHT L.L.C. 639 W WATERBURY DR MERIDIAN, ID 83642		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members.															
<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">Member</td> <td style="vertical-align: top;">Michael Todd Wright</td> <td style="vertical-align: top;">639 W. Waterbury Dr.</td> <td style="vertical-align: top;">Meridian</td> <td style="vertical-align: top;">ID.</td> <td style="vertical-align: top;">83642</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Member	Michael Todd Wright	639 W. Waterbury Dr.	Meridian	ID.	83642
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Member	Michael Todd Wright	639 W. Waterbury Dr.	Meridian	ID.	83642										
5. Organized Under the Laws of: IDAHO W 15452		6. Signature  Date <u>6-30-03</u> Name <small>(Typed or Printed)</small> <u>Michael Todd Wright</u> Title <u>Member</u>													