

<b>No. W 20163</b>		<b>Due no later than 7/31/2009 Annual Report Form</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>													
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> PREMIER POWER WASHING L.L.C. 5630 ELKHORN AVE BOISE ID 83705		KRIS J GILDESGAARD 5630 ELKHORN AVE BOISE ID 83705													
				<b>3. New Registered Agent Signature:</b>													
<b>4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.</b>																	
<table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>owner/manager</td><td>KRIS J. GILDESGAARD</td><td>5630 ELKHORN AVE.</td><td>BOISE</td><td>ID.</td><td>83705</td></tr></tbody></table>						Office Held	Name	Street or PO Address	City	State	Zip	owner/manager	KRIS J. GILDESGAARD	5630 ELKHORN AVE.	BOISE	ID.	83705
Office Held	Name	Street or PO Address	City	State	Zip												
owner/manager	KRIS J. GILDESGAARD	5630 ELKHORN AVE.	BOISE	ID.	83705												
<b>5. Organized Under the Laws of:</b>  <b>ID W 20163</b>		<b>6. Annual Report must be signed by</b> Signature: <u>Kris J. Gildesgaard</u> Date: <u>8/10/09</u> Name(type or print): <u>KRIS J. GILDESGAARD</u> Title: <u>owner/manager</u>															