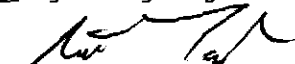



No. W 163160	Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. HOLIDAY HOME CLEANERS LLC MATTHEW TAYLOR 8 O'BRIEN CT CASCADE ID 83611		MATT TAYLOR 8 O'BRIEN CT CASCADE ID 83611																																			
REINSTATEMENT FEE DUE: \$30.00	52 Scheline Ln. McCall ID. 83638		3. New Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Alisha Taylor</td> <td>P.O. Box 1772</td> <td>McCall</td> <td>ID</td> <td>USA</td> <td>83638</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"/>	Alisha Taylor	P.O. Box 1772	McCall	ID	USA	83638	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:		6.																																				
IDAHO W 163160		Signature:  Date: 7-8-2018 Name (type or print): Matt Taylor Title: Agent																																				
Issued 07/09/2018 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM