

<p>No. W 95021</p> <p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>REINSTATEMENT FEE DUE: \$30.00</p>	<p>Reinstatement Annual Report Form ADMIN DISSOLVED 10/15/2014</p> <p>1. Mailing Address: Correct in this box if needed. CLEAN CAN LLC BRANDON FROGLEY PO BOX 45014 BOISE ID 83711</p>	<p>2. Registered Agent and Office (NOT A P.O. BOX) BRANDON FROGLEY 1909 N COLE RD BOISE ID 83704</p>																																			
		<p>3. New Registered Agent Signature.</p>																																			
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table border="1"> <thead> <tr> <th data-bbox="192 458 421 478">Manager or Member</th> <th data-bbox="486 458 551 478">Name</th> <th data-bbox="654 458 882 478">Street or PO Address</th> <th data-bbox="975 458 1008 478">City</th> <th data-bbox="1057 458 1106 478">State</th> <th data-bbox="1139 458 1220 478">Country</th> <th data-bbox="1269 458 1400 478">Postal Code</th> </tr> </thead> <tbody> <tr> <td data-bbox="192 508 388 528"><input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member</td> <td data-bbox="486 508 649 568">B. FROGLEY</td> <td data-bbox="698 508 817 568">PO Box 45014</td> <td data-bbox="959 508 1090 541">Boise</td> <td data-bbox="1122 508 1171 541">ID</td> <td data-bbox="1204 508 1253 541">ADA.</td> <td data-bbox="1286 508 1388 541">83711</td> </tr> <tr> <td data-bbox="192 575 388 595"><input type="checkbox"/> Manager <input type="checkbox"/> Member</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="192 642 388 662"><input type="checkbox"/> Manager <input type="checkbox"/> Member</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="192 709 388 729"><input type="checkbox"/> Manager <input type="checkbox"/> Member</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	<input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member	B. FROGLEY	PO Box 45014	Boise	ID	ADA.	83711	<input type="checkbox"/> Manager <input type="checkbox"/> Member							<input type="checkbox"/> Manager <input type="checkbox"/> Member							<input type="checkbox"/> Manager <input type="checkbox"/> Member						
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<p>5. Organized Under the Laws of:</p> <p>IDAHO W 95021</p> <p>Issued 01/02/2015 by DK1</p>	<p>6.</p> <p>Signature: <u>BRANDON FROGLEY</u></p> <p>Name (type or print): <u>Brandon Frogley</u></p> <p>Date: <u>1/2/15</u></p> <p>Title: <u>Manager</u></p>																																				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM