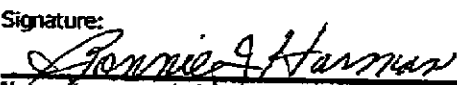


No. W 61914		Due no later than Apr 30, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) BONNIE HARMAN 2090 CONCORDIA WAY TWIN FALLS ID 83301																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LAUNDRY DAY, L.L.C. BONNIE HARMAN 2090 CONCORDIA WAY TWIN FALLS ID 83301		3. New Registered Agent Signature.																																				
NO FILING FEE IF RECEIVED BY DUE DATE																																								
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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>EMERY E. HARMAN</td> <td>671 BLUE LAKES BLVD. N.</td> <td>TWIN FALLS</td> <td>Id.</td> <td>TWIN FALLS</td> <td>83301</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>BONNIE J. HARMAN</td> <td>671 BLUE LAKES BLVD. N.</td> <td>TWIN FALLS</td> <td>Idaho</td> <td>TWIN FALLS</td> <td>83301</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	EMERY E. HARMAN	671 BLUE LAKES BLVD. N.	TWIN FALLS	Id.	TWIN FALLS	83301	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	BONNIE J. HARMAN	671 BLUE LAKES BLVD. N.	TWIN FALLS	Idaho	TWIN FALLS	83301	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 61914		Signature: 		Date: 3/3/2014																																				
		Name (type or print): BONNIE J. HARMAN		Title: Member																																				
Issued 02/20/2014 by KAH		129853																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM