

No. W 45827	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2013		2. Registered Agent and Office (NOT A P.O. BOX) GINA EBY 3330 E 16TH AVE POST FALLS ID 83854
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ABSOLUTE CLEAN CARPETS & CLEANING SERVICES, LLC 3330 E 16TH AVE POST FALLS ID 83854		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <i>GINA EBY 3330 EAST 16TH AVE POST FALLS ID USA 83854</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 45827 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature: <i>Gina Eby</i> <hr/> Name (type or print): <i>GINA EBY</i> </div> <div style="width: 35%;"> Date: <i>JUN 3, 2013</i> <hr/> Title: <i>JUNE 3, 2013</i> </div> </div>	
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM