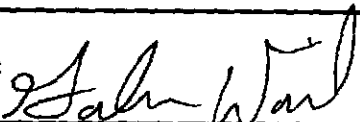
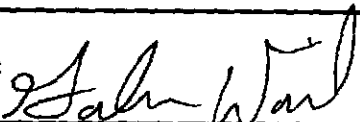
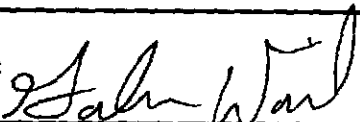


No. W 130465	Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2015		2. Registered Agent and Office (NOT A P.O. BOX) GALEN M DAIL 2850 PANORAMA DR LEWISTOWN ID 83501
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. APPALOOSA GREEN CLEAN L.L.C. GALEN M DAIL 2850 PANORAMA DR LEWISTOWN ID 83501		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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Galen M. Dail	2850 Panorama Dr	Lewiston	ID	83501	NEZ PERCE County USA
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;"> IDAHO W 130465 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>3.29.15</u> </td> </tr> <tr> <td> Name (type or print): <u>Galen M. Dail</u> </td> <td> Title: <u>OWNER</u> </td> </tr> </table>	Signature: 	Date: <u>3.29.15</u>	Name (type or print): <u>Galen M. Dail</u>	Title: <u>OWNER</u>
Signature: 	Date: <u>3.29.15</u>				
Name (type or print): <u>Galen M. Dail</u>	Title: <u>OWNER</u>				

Issued 03/02/2015 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the