

No. **W 56003**

Return to:  
**SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080**

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

**Due no later than November 30, 2007**  
**Annual Report Form**

1. Mailing Address - Correct in this box, if applicable

**HOME OXYGEN PROVIDER EXPRESS, LLC  
14051 W CHUBBUCK RD  
CHUBBUCK, ID 83202**

2. Registered Agent and Office **NO PO BOX**

**MATTHEW B CLAWSON  
14051 W CHUBBUCK RD  
CHUBBUCK, ID 83202**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	MATTHEW B. CLAWSON	14051 W. Chubbuck Rd	Chubbuck	ID	83202
SECRETARY	Linda J. Clawson	14051 W. Chubbuck Rd	Chubbuck	ID	83202

5. Organized Under the Laws of:  
**IDAHO  
W 56003**

6.

Signature



Date

**9-18-07**

Name (Typed or Printed)

**MATTHEW B. CLAWSON**

Title

**PRESIDENT**