

No. W 89718		Due no later than Jan 31, 2013		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. HOME SECURITY CARETAKERS, LLC MIKE D BREAKIE PO BOX 2848 POST FALLS ID 83877-2848		MIKE BREAKIE 4375 E WEATHERBY AVE POST FALLS ID 83854	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	MIKE D BREAKIE	4375 E. WEATHERBY AVE.	POST FALLS	ID	USA 83854
5. Organized Under the Laws of: ID W 89718		6. Annual Report must be signed.* Signature: Mike Breakie Name (type or print): Mike Breakie Date: 11/09/2012 Title: Owner			
Processed 11/09/2012		* Electronically provided signatures are accepted as original signatures.			