No. W 96279		Due no later than Sep 30, 2013	2. Registered Agent and Address (NO PO BOX) LYNN H HOOPER 44 S MERIDIAN ROAD MERIDIAN ID 83642 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. DISASTER DOCTOR, LLC CARY HOOPER PO BOX 520 MERIDIAN ID 83680-0520				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER CARY HOOP		ER P.O. BOX 520	MERIDIAN	ID	USA	83680-0520
5. Organized Under the Laws of: ID W 96279		6. Annual Report must be signed.* Signature: Cary Hooper Name (type or print): Cary Hooper	Date: 07/18/2013 Title: Owner			
Processed 07/18/2013 * Electronically provided signatures are accepted as original signatures.						