

|                                                                                                                                                        |               |                                                                                                                                               |      |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 70090</b>                                                                                                                                     |               | <b>Due no later than Jan 31, 2011</b>                                                                                                         |      | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>Annual Report Form</b>                                                                                                                     |      | TONY YOST<br>1143 ORCHARD CIRCLE<br>BUHL ID 83316  |         |             |  |
|                                                                                                                                                        |               | <b>1. Mailing Address: Correct in this box if needed.</b><br>YOST HOME IMPROVEMENTS, LLC<br>TONY YOST<br>1143 ORCHARD CIRCLE<br>BUHL ID 83316 |      | 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                                                                                                                                                 | TONY YOST     | 1143 ORCHARD CIRCLE                                                                                                                           | BUHL | ID                                                 | USA     | 83316       |  |
| MEMBER                                                                                                                                                 | JENNIFER YOST | 1143 ORCHARD CIRCLE                                                                                                                           | BUHL | ID                                                 | USA     | 83316       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 70090</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Jennifer Yost<br>Name (type or print): Jennifer Yost                                          |      |                                                    |         |             |  |
|                                                                                                                                                        |               | Date: 11/05/2011<br>Title: Member                                                                                                             |      |                                                    |         |             |  |
| Processed 11/05/2011                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                     |      |                                                    |         |             |  |