No. <b>W 25437</b>		Due n	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
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.  HOME SPECIALISTS HOLDINGS, LLC(THE)  MICHAEL JAMES JOHNSTON  4797 E WIND RIVER DR  IDAHO FALLS ID 83401			MICHAEL JAMES JOHNSTON 4797 E WIND RIVER DR IDAHO FALLS ID 83401			
				3. <u>New</u> Register	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Na	mes and Addresses o	f at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MANAGER			4797 E WIND RIVER DR 4797 E WIND RIVER DR	IDAHO FALLS IDAHO FALLS	ID ID		83401 83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 25437		Signature: Micha		Date: 07/02/2017				
		Name (type or pr		Title: Manager				
Processed 07/02/2017	* Electronically provided signatures are accepted as original signatures.							