

<b>No. W 13018</b>	<b>Due no later than Sep 30, 2013 Annual Report Form</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> KATHY HORSCH 855 LUCILLE AVE POCA TELLO ID 83201																																			
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> SHEEN'S HOMES, LLC KATHY HORSCH PO BOX 4987 POCA TELLO ID 83205		<b>3. New Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kathleen Horsch</td> <td>855 Lucille Ave</td> <td>Pocatello</td> <td>ID</td> <td>USA</td> <td>83201</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Dwight Horsch</td> <td>855 Lucille Ave</td> <td>Pocatello</td> <td>ID</td> <td>USA</td> <td>83201</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kathleen Horsch	855 Lucille Ave	Pocatello	ID	USA	83201	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Dwight Horsch	855 Lucille Ave	Pocatello	ID	USA	83201	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kathleen Horsch	855 Lucille Ave	Pocatello	ID	USA	83201																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Dwight Horsch	855 Lucille Ave	Pocatello	ID	USA	83201																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
<b>5. Organized Under the Laws of:</b>  <b>IDAHO W 13018</b>		<b>6.</b> Signature: <u>x Kathleen M. Horsch</u> Date: <u>7-29-13</u> Name (type or print): <u>x Kathleen M. Horsch</u> Title: <u>x member</u>																																				

Issued 07/16/2013 by JLI

100963

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**