| No. W 55217 | | Due no later than Oct 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. ALL STATES HOME PRO, LLC STEVE JEPPSON 4578 E MAPLE CREEK RD FRANKLIN ID 83237 | | 2. Registered Agent and Address (NO PO BOX) STEPHEN J JEPPSON 4578 E MAPLE CREEK RD FRANKLIN ID 83237 3. New Registered Agent Signature:* | | | |
|--|-----------------|---|------------------------------------|---|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Compa | nies: Enter Nar | mes and Addresses | of at least one Member or Manager. | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| MANAGER | GER STEVE JEPPS | | 4578 E MAPLE CREEK RD | FRANKLIN | ID | | 83237 |
| MANAGER JANET JEPPS | | SON | 4578 E. MAPLE CREEK RD | FRANKLIN | ID | USA | 83237 |
| MEMBER KENNON C | | JEPPSON | 4578 EAST MAPLE CREEK ROAD | FRANKLIN | ID | USA | 83237 |
| MEMBER | SKYLER VAN | I JEPPSON | 4578 EAST MAPLE CREEK ROAD | FRANKLIN | ID | USA | 83237 |
| 5. Organized Under the Laws of: | | 6. Annual Report n | | | | | |
| ID W 55217 | | Signature: steve jeppson | | Date: 09/30/2017 | | | |
| | | Name (type or print): steve jeppson | | Title: manager | | | |
| * Electronically provided signatures are accepted as original signatures. | | | | | | | |