

No. W 107135	Due no later than Sep 30, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		SHAWNA WARNER 1256 WRIGHT AVE POCATELLO ID 83202			
	ELEGANT IN HOME CARE, LLC SHAWNA WARNER 1256 WRIGHT AVE POCATELLO ID 83202		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
MANAGER	SHAWNA WARNER	1256 WRIGHT AVE.	POCATELLO	ID	USA	83202
5. Organized Under the Laws of: ID W 107135	6. Annual Report must be signed.*					
		Signature: Shawna	Date: 07/17/2013			
		Name (type or print): Shawna	Title: Warner			
Processed 07/17/2013		* Electronically provided signatures are accepted as original signatures.				