

No. W 107718	Due no later than Oct 31, 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. MOUNTAIN HOME & PROPERTY CARE, LLC LINDA MAYBERRY 14 TIMBERLINE DR DONNELLY ID 83615		LINDA MAYBERRY 14 TIMBERLINE DR DONNELLY ID 83615			
			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	LINDA MAYBERRY	14 TIMBERLINE DR.	DONNELLY	ID	USA	83615
5. Organized Under the Laws of: ID W 107718	6. Annual Report must be signed.* Signature: Linda Mayberry Name (type or print): Linda Mayberry		Date: 10/21/2013 Title: Manager			
Processed 10/21/2013		* Electronically provided signatures are accepted as original signatures.				