

No. W 106059	Due no later than Aug 31, 2012 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. TEMPORARY HOUSING SERVICES, LLC SCOTT RECORD 266 BLUE LAKES BLVD N TWIN FALLS ID 83301 USA	INES CRESPO 266 BLUE LAKES BLVD N TWIN FALLS ID 83301 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	INES CRESPO	266 BLUE LAKES BLVD N	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 106059	6. Annual Report must be signed.* Signature: Ines Crespo Name (type or print): Ines Crespo		Date: 06/22/2012 Title: Manager			
Processed 06/22/2012		* Electronically provided signatures are accepted as original signatures.				