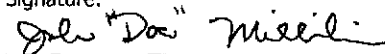
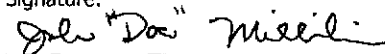
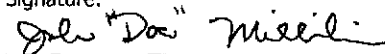


No. W 113262	Due no later than Apr 30, 2017 Annual Report Form		2. Registered Agent and Office. (NOT A P.O. BOX) JOHN "DOC" MILLIKIN 6679 HELLS GULCH ST MARIES ID 83861
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. PEACE OF MIND HOME INSPECTION L.L.C. 6679 HELLS GULCH ST MARIES ID 83861		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	John "Doc" Millikin	6679 Hells Gulch	St. Maries	Idaho	USA	83861
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 113262</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: April 11 2017 </td> </tr> <tr> <td> Name (type or print): John "Doc" Millikin </td> <td> Title: Owner/Manager </td> </tr> </table>	Signature: 	Date: April 11 2017	Name (type or print): John "Doc" Millikin	Title: Owner/Manager
Signature: 	Date: April 11 2017				
Name (type or print): John "Doc" Millikin	Title: Owner/Manager				

Issued 03/27/2017 by SAT
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