No. **W 145740**	**Due no later than Dec 31, 2016** **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.** HERITAGE HOME MODIFICATIONS, LLC 1009 W QUINN ROAD POCATELLO ID 83202	DANNY FRASURE 1009 W QUINN ROAD POCATELLO ID 83202 3. New 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	PINNACLE HEALTH SERVICES, INC.	140 NORTH UNION AVE. SUITE F350	FARMINGTON	ID	USA	84025

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 145740**	Signature: Danny Frasure	Date: 11/09/2016
	Name (type or print): Danny Frasure	Title: Owner

Processed 11/09/2016

* Electronically provided signatures are accepted as original signatures.