No. W 126943		Due no later than Jul 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. CAPSTONE PROFESSIONAL INSPECTIONS, L.L.C. DOUGLAS T. TERRY PO BOX 1002 VICTOR ID 83455 USA		DOUGLAS T TERRY 7822 MOUNTAIN SHADOWS WAY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				VICTOR ID 83455 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compa	nies: Enter Na	mes and Addresses o	f at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER	DOUGLAS T	TERRY	7822 MOUNTAIN SHADOWS WAY	VICTOR	ID	USA	83455
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Douglas T Terry		Date: 06/26/2015			
W 126943		Name (type or pr	Title: Manager				
Processed 06/26/2015 * Electronically provided signatures are accepted as original signatures.							