

| | | | | | |
|--|----------------|---|-----------|---|---------------------|
| No. W 76009 | | Due no later than Jul 31, 2009 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) KELLY LAWRENCE 1426 NORTH 5TH ST BOISE ID 83702 433 ADA ST | |
| 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. IDAHO'S BEST HOME INSPECTIONS, LLC 1770 WEST STATE ST #338 BOISE ID 83702 | | 3. New Registered Agent Signature. | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country Postal Code |
| | KELLY LAWRENCE | 1770 W STATE ST #338 | BOISE | ID | 83702 |
| | FOREST CARFINO | PO BOX 28434 | LAS VEGAS | NV | 89126 |
| 5. Organized Under the Laws of: | | 6. | | | |
| IDAHO W 76009 | | Signature: <i>Kelly Lawrence</i> | | Date: 10-2-09 | |
| | | Name (type or print): KELLY LAWRENCE | | Title: MANAGER PRESIDENT | |
| Issued 10/02/2009 by DK1 | | | | 200907008173 | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note:** Do not put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

**** The image of this form will be available on the Internet once it has been filed. DO NOT enter Social Security numbers.**

If the Limited Liability Company is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the Limited Liability Company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED