

|  |                |  |          |   |         |                        |  |
|--|----------------|--|----------|---|---------|------------------------|--|
| No. <b>W 46545</b>   |                | <b>Due no later than Jan 31, 2009</b>  |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>          |         |                        |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>SNOWY MOUNTAIN HOME INSPECTION, LLC<br>LEWIS L CAPAUL<br>6615 W TOMBSTONE AVE<br>RATHDRUM ID 83858 |          | LEWIS L CAPAUL<br>6615 W TOMBSTONE AVE<br>RATHDRUM ID 83858 |         |                        |  |
|  |                |  |          | 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  | LEWIS L CAPAUL | 6615 W TOMBSTONE AVE   | RATHDRUM | ID  | USA     | 83858                  |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*  |          |   |         |                        |  |
| <b>ID<br/>W 46545</b>  |                | Signature: Lewis L Capaul  |          |   |         | Date: 02/08/2009       |  |
|  |                | Name (type or print): Lewis L Capaul   |          |   |         | Title: regisered Agent |  |
| Processed 02/08/2009   |                | * Electronically provided signatures are accepted as original signatures.  |          |   |         |                        |  |