



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov



Return completed form within 30 days to:

Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

For Office Use Only
-FILED-
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Annual Report: No filing fee if received by the due date.

SOS Control Number: 153985
Limited Liability Company (D)

Filing Status: Active-Existing
Date Formed: 02/08/2006

Formation Locale: ID

Name and Mailing Address:

HOME SOLUTIONS & PROPERTIES, LLC
593 W 170 S
PRESTON, ID 83263-1251

(1) Add or Change Mailing Address:

Registered Agent (RA) and Registered Office (RO) Address:

KENNETH L HOLT
593 W 170 S
PRESTON, ID 83263

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

| Manager/Member | Name | Business Address | City, State, Zip |
|--|-----------------|--------------------|------------------|
| <input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem | KENNETH L. HOLT | 593 WEST 170 SOUTH | PRESTON ID 83263 |
| <input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem | ROD CORNIA | 144 EAST 2ND ST. | WESTON ID 83286 |
| <input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem | LAYNE BARTHLOME | 980 FAIRWAY DR. | PRESTON ID 83263 |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
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| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |

(5) Signature: Kenneth L Holt

(6) Date: 3.25.24

(7) Type/Print Name: KENNETH L. HOLT

(8) Title: MANAGER

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

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