No. W 16335 Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. NORTHSTAR IN-HOME SUPPORT SERVICES, LLC KOREY SOLOMON 3323 B EAST 3600 NORTH		2. Registered A	2. Registered Agent and Address (NO PO BOX) KOREY SOLOMON 3323 B EAST 3600 NORTH KIMBERLY ID 83341-1927			
				KOREY SOL				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				NAME OF TAXABLE PARTY AND PARTY AND PARTY.				
				KIMDERLY II				
				3. <u>New</u> Registe	3. New Registered Agent Signature:*			
4. Limited Liability Co	ompanies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER KOREY SOLOMON		OMON	3323 B EAST 3600 NORTH	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 16335		Signature: Korey Solomon			Date: 08/30/2015			
		Name (type or		Title: President				
Processed 08/30/20	15	* Electronically p	ovided signatures are accepted as original	signatures.				