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Due no later than Mar 31, 2010 Annual Report Form  1. Mailing Address: Correct in this box if needed. HOME INSPECTION GROUP, LLC  7957 OPEN SKY RD MIDDLETON ID 83644		2. Registered Agent and Office (NOT A P.O. BOX) EUGENE R JOHNSTON 7957 OPEN SKY RD MIDDLETON ID 83644  3. New Registered Agent Signature.					
				ies: Enter Names and Address ne	es of Managers OR Members. Street or PO Address	City State	Country Postal Code
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	Annual Re  1. Mailing Address: Corr HOME INSPECTION G  7957 OPEN SKY RD MIDDLETON ID 836  es: Enter Names and Address ne Se  WE JOHNSTON  Name (type or prin	Annual Report Form  1. Mailing Address: Correct in this box if needed. HOME INSPECTION GROUP, LLC  7957 OPEN SKY RD MIDDLETON ID 83644  es: Enter Names and Addresses of Managers OR Members. The Street or PO Address  WE JOHNSTON 7957 Open Sky  Name (type or print): GENER  Name	Annual Report Form  1. Mailing Address: Correct in this box if needed. HOME INSPECTION GROUP, LLC  7957 OPEN SKY RD MIDDLETON ID 83644  as: Enter Names and Addresses of Managers OR Members. Street or PO Address  TOHNSTON  Name (type or print): CENER JOHN  P.O. BOX) EUGENE R JOHN 7957 OPEN SKY MIDDLETON ID  3. New Registered Age  Oity State  MIDDLETON ID  P.O. BOX)  EUGENE R JOHN 7957 OPEN SKY MIDDLETON ID  New Registered Age  Oity State  TOHNSTON  Name (type or print): CENER TOHNSTON				

## 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: <u>Do not put "same as last year" or "same as above". These</u> 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 existance. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED