

No. W 99271	Due no later than Jan 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. JULIE'S PREMIER HOME CARE LLC JULIE MILLS 527 WOODLAND DR TWIN FALLS ID 83301		JULIE MILLS 527 WOODLAND DR TWIN FALLS ID 83301			
			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
MEMBER	JULIE MILLS	527 WOODLAND DR	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 99271	6. Annual Report must be signed.* Signature: Julie Mills Name (type or print): Julie Mills		Date: 11/17/2013 Title: Owner			
Processed 11/17/2013		* Electronically provided signatures are accepted as original signatures.				