No. W 111276		Due no later than Feb 28, 2013		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. HOME BY BRET, LLC BRAD FRASURE 444 HOSPITAL WY STE 555 POCATELLO ID 83201		444 HOSPITA	ALLYSON BURNHAM 444 HOSPITAL WY STE 555 POCATELLO ID 83201 3. New Registered Agent Signature:*			
				3. <u>New</u> Register				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	BRAD C. FRASURE		6787 RUNNING IRON	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: All	Date	Date: 03/08/2013				
W 111276		Name (type o	r print): Allyson Burnham	Title	Title: Registered Agent			
Processed 03/08/2013 * Electronically provided signatures are accepted as original signatures.								