No. <b>W 16335</b>		Due no later than Aug 31, 2012		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		KOREY SOLOMON 508 DIAMOND DR KIMBERLY ID 83341				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  NORTHSTAR IN-HOME SUPPORT SERVICES, LLC KOREY SOLOMON 508 DIAMOND DR KIMBERLY ID 83341 USA						
				3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nai	mes and Addresses of a	t least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER KOREY SOLO		OMON	508 DIAMOND DRIVE		KIMBERLY	ID	USA	83341
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Korey Solomon			Date: 07/16/2012			
W 16335		Name (type or print): Korey Solomon			Title: Member			
Processed 07/16/2012 * Electronically provided signatures are accepted as original signatures.								