| No. <b>W 55347</b>   |                          | Due no later than Oct 31, 2011 2. Registered Agent and Address (NO PO B  |                          |  |            | PO BOX)        |  |
|--|--------------------------|--|--------------------------|--|------------|----------------|--|
| Return to:   |                          | Annual Report Form   | JOHN MILLER              |  |            |                |  |
| 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.                       |                          | 2270 FALLING STAR LOOP                     |            |                |  |
|  |                          | KOOTENAI HOME SERVICES L.L.C.<br>JOHN MILLER<br>2270 FALLING STAR LOOP   |                          | POST FALLS ID 83854                        |            |                |  |
|  |                          | POST FALLS ID 83854  | 3. <u>New</u> Registere  | 3. <u>New</u> Registered Agent Signature:* |            |                |  |
|  |                          |  |                          |  |            |                |  |
| 4. Limited Liability Co  | ompanies: Enter Nai      | mes and Addresses of at least one Member or Manager.                     |                          |  |            |                |  |
| Office Held  | Name                     | Street or PO Address   | City                     | State                                      | Country    | Postal Code    |  |
| MEMBER<br>MEMBER   | JOHN MILLE<br>JACOB MILL |  | POST FALLS<br>POST FALLS | ID<br>ID                                   | USA<br>USA | 83854<br>83854 |  |
| 5. Organized Under the Laws of:  |                          | 6. Annual Report must be signed.*  |                          |  |            |                |  |
| ID   |                          | Signature: John Date: 08/30/2011   |                          |  |            |                |  |
| W 55347  |                          | Name (type or print): John Title: Member                                 |                          |  |            |                |  |
| Processed 08/30/201  | 11                       | * Electronically provided signatures are accepted as original signatures | gnatures.                |  |            |                |  |