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| No. W 53088 | Due no later than Jul 31, 2017 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. REAL ESTATE REMEDIES, LLC HEATHER ANN ROSS 16702 SMOKY MOUNTAIN AVE CALDWELL ID 83607 USA | | HEATHER ROSS 16702 SMOKY MOUNTAIN AVE. CALDWELL ID 83607 | | | |
| | | | 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 |
| MANAGER | HEATHER ANN ROSS | 16702 SMOKY MOUNTAIN AVE | CALDWELL | ID | USA | 83607 |
| 5. Organized Under the Laws of: ID W 53088 | 6. Annual Report must be signed.* Signature: HEATHER ROSS Name (type or print): HEATHER ROSS | | Date: 05/27/2017 Title: MANAGER | | | |
| Processed 05/27/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | |