

No. W 46073		Due no later than Jan 31, 2015		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		Annual Report Form		PHILIP BENNETT 890 N. 28TH BOISE ID 83702-8370			
		1. Mailing Address: Correct in this box if needed. ALL-CARE HOME PERFORMANCE SPECIALIST, LLC PHILIP d BENNETT 890 N. 28TH ST BOISE ID 83702		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	PHILIP BENNETT	890 N. 28TH STREE	BOISE	ID	USA	83702	
5. Organized Under the Laws of: ID W 46073		6. Annual Report must be signed.* Signature: Philip Bennett Name (type or print): Philip Bennett Date: 12/02/2014 Title: Manager					
Processed 12/02/2014		* Electronically provided signatures are accepted as original signatures.					