			· · · · · · · · · · · · · · · · · · ·	
No. W 113262	Due no later than Apr 30, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)	
7.00		<u> </u>	JOHN "DOC" MILLIKIN	
SECRETARY OF STATE 450 N 4th STREET	ì	ling Address: Correct in this box if needed.	6679 HELLS GULCH ST MARIES ID 83861	
PO BOX 83720	PEACE OF MIND HOME INSPECTION L.L.C. 6679 HELLS GULCH ST MARIES ID 83861		31 MARIES ID 63601	
BOISE, ID 83720-0080			1	
	31 F	AMES 10 83601		
NA F71 7110 FFF 4F			3. New Registered Agent Signature.	
NO FILING FEE IF RECEIVED BY DUE			or man region of right digitation.	
DATE				
4. Limited Liability	Compa	anies: Enter Names and Addresses of Manager	s OR Members. See Instructions	
Manager or Member Name Street or PO Address City State Country Postal Code				
Manager Member _ John Doc" Millikiw 6679 Helle Gulch 54. Maries Idaho USA 83861				
Name Change of Control				
Manager Member				
Manager Member 1				
Manager Member				
INGRES - INVIDENCE -				
5. Organized Under the Laws of:		6.	,	
I TRAUG		Signature:	Date: /	
IDAHO W 113262		John To mele	4/21/14	
		Name (type or print):	Title:	
		John Doc Millikin	Manager	
Issued 04/08/2014 by DK1 117382				
INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM				
Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.				
Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho , not a Post Office Box or Personal Mail Box .				
Block 3: Only a <u>new</u> registered agent must sign in Block 3.				
Block 4: Check either Member or Manager. Enter names and business addresses of managers or members of the limited liability company. Note: <u>DO NOT</u> put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.				
Block 5: May not be altered through the use of this form.				
Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.				
** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.				
If the limited liability company is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited liability company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.				
If the document is incorrect, is there a telephone number to reach you for corrections?				
•		POSTMARK DATES WILL NOT BE ACCEPTE		
and a lagranda de la composição de la composição de la composição de la presentação de la composição de la com Como de la composição de l				

The last traditive commerce and the colorest the count for use of this force. Boy enough the relief of the continued the colorest three continues and the colorest three colorests and the colorests and the colorest three colorests and the colorest three colorests and the colorest three colorests and the colorests are colorests an

RESIDENTALISED ENERGY TO THE SAME TO SEE TO THE TOTAL SECTION OF THE SAME TELEST.