No. <b>W 107718</b>		Due no later than Oct 31, 2012		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form  1. Mailing Address: Correct in this box if needed.		LINDA MAYBERRY 14 TIMBERLINE DR				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		MOUNTAIN HOME & PROPERTY CARE, LLC LINDA MAYBERRY 14 TIMBERLINE DR DONNELLY ID 83615		DONNELLY ID 83615  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
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 LINDA MAYBI		BERRY	14 TIMBERLINE DR.		DONNELLY	ID	USA	83615
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Linda Mayberry			Date: 10/16/2012			
W 107718		Name (type or print): Linda Mayberry			Title: Manager			
Processed 10/16/2012 * Electronically provided signatures are accepted as original signatures.								