

|                                                                                                                                                        |              |                                                                                                                                                   |          |                                                     |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------|---------|------------------|--|
| No. <b>W 81722</b>                                                                                                                                     |              | <b>Due no later than Feb 28, 2014</b>                                                                                                             |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>  |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>1. Mailing Address: Correct in this box if needed.</b><br>HOME FINANCIAL SOLUTIONS, LLC<br>RYAN MYHRE<br>545 CREEKVIEW DR<br>MERIDIAN ID 83646 |          | RYAN MYHRE<br>545 CREEKVIEW DR<br>MERIDIAN ID 83646 |         |                  |  |
|                                                                                                                                                        |              |                                                                                                                                                   |          | 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      |  |
| MEMBER                                                                                                                                                 | RYAN L MYHRE | 545 CREEKVIEW DR                                                                                                                                  | MERIDIAN | ID                                                  | USA     | 83646            |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                                 |          |                                                     |         |                  |  |
| <b>ID<br/>W 81722</b>                                                                                                                                  |              | Signature: Ryan Myhre                                                                                                                             |          |                                                     |         | Date: 12/15/2013 |  |
|                                                                                                                                                        |              | Name (type or print): Ryan Myhre                                                                                                                  |          |                                                     |         | Title: Member    |  |
| Processed 12/15/2013                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                         |          |                                                     |         |                  |  |