

No. W 110031	Due no later than Jan 31, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CAROL HOLMES 2554 N CHATTERTON AVE MERIDIAN ID 83646																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HOLMES R.E. LLC CAROL HOLMES 2554 N CHATTERTON AVE MERIDIAN ID 83646		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Carol Holmes</td> <td>2554 N Chatterton Ave</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td></td> <td>Meridian, ID</td> <td></td> <td>USA</td> <td>83646</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6">Same as above</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Carol Holmes	2554 N Chatterton Ave					Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		Meridian, ID		USA	83646		Manager <input type="checkbox"/> Member <input type="checkbox"/>	Same as above						Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 110031		6. Signature: _____ Date: _____ Name (type or print): <u>Carol A. Holmes</u> Title: <u>1-24-13</u>																																				

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