

|                                                                                                                                                        |                  |                                                                                                                                                                                    |             |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 89675</b>                                                                                                                                     |                  | <b>Due no later than Jan 31, 2016</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>HOLMES HOUSE, LLC<br>PATRICIA A BAIRD<br>885 SYRINGA DR.<br>IDAHO FALLS ID 83401 |             | MICHAEL D BAIRD<br>885 SYRINGA DR<br>IDAHO FALLS ID 83401 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                                                    |             | 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                                                                                                                                                 | PATRICIA A BAIRD | 885 SYRINGA DR                                                                                                                                                                     | IDAHO FALLS | ID                                                        | USA     | 83401       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 89675</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Michael D Baird<br>Name (type or print): Michael D Baird<br>Date: 11/22/2015<br>Title: Registered agent                            |             |                                                           |         |             |  |
| Processed 11/22/2015                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                          |             |                                                           |         |             |  |