No. W 189428	D	Due no later than Sep 30, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PPS HME LLC 320 PARK AV 18TH FLOOR	Annual Report Form 1. Mailing Address: Correct in this box if needed PPS HME LLC 320 PARK AVE		BUSINESS FILINGS INCORPORATED 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4 Limited Liability Companies: Ent		es of at least one Member or Manager.					
Office Held Name	er Harries and Address	Street or PO Address	City	State	Country	Postal Code	
MEMBER YEHOSHUA PARNES		320 PARK AVE	NEW YORK	NY	USA	10022	
5. Organized Under the Laws of: DE Signature: YEHOSHUA PARNE W 189428 One of the Laws of: Signature: YEHOSHUA PARNE Name (type or print): YEHOSH		EHOSHUA PARNES			09/14/2018 MEMBER		
Processed 09/14/2018	* Electronically p	* Electronically provided signatures are accepted as original signatures.					