No. W 96218		Due no later than Sep 30, 2018		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. HOME REMEDIES, LLC ROBERT SHAW 5010 W CASSIA ST BOISE ID 83705		_	ROBERT SHAW 5010 W CASSIA ST BOISE ID 83705 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		ames and Addresses of a	at least one Member or Manager					
Office Held	Name	arries and Addresses of t	Street or PO Address		City	State	Country	Postal Code
MEMBER	ROBERT S	HAW	5010 W CASSIA ST		BOISE	ID	USA	83705
5. Organized Under the Laws of: ID W 96218		6. Annual Report must be signed.* Signature: Robert Shaw Name (type or print): Robert Shaw			Date: 07/31/2018 Title: Manager			
Processed 07/31/2018 * Electronically provided signatures are accepted as original signatures.								