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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------|---------|-------------|--|
| No. <b>W 79520</b>                                                                                                                                     |                        | <b>Due no later than Nov 30, 2012</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>SOME R HOME, LLC<br>LAWRENCE D BAUMGARTNER<br>1211 KLUSS RD<br>GENESEE ID 83832 |         | LAWRENCE D BAUMGARTNER<br>1211 KLUSS ROAD<br>GENESEE ID 83832 |         |             |  |
|                                                                                                                                                        |                        |                                                                                                                                                                                   |         | 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 |  |
| MANAGER                                                                                                                                                | LAWRENCE D BAUMGARTNER | 1211 KLUSS ROAD                                                                                                                                                                   | GENESEE | ID                                                            | USA     | 83832       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 79520</b>                                                                                           |                        | 6. Annual Report must be signed.*<br>Signature: Lawrence D. Baumgartner<br>Name (type or print): Lawrence D. Baumgartner<br>Date: 12/18/2012<br>Title: Manager                    |         |                                                               |         |             |  |
| Processed 12/18/2012                                                                                                                                   |                        | * Electronically provided signatures are accepted as original signatures.                                                                                                         |         |                                                               |         |             |  |