No. W 91583		Due no later than Mar 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		KATHY SHOCKEY 571 HIGHLAND AVE TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CHORE'S & KATHY SHO	1. Mailing Address: Correct in this box if needed. CHORE'S & MORE LLC KATHY SHOCKEY 571 HIGHLAND AVE TWIN FALLS ID 83301					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ente	r Names and Addres	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	E PEARCE SHOCKEY	551 2ND AVE W 571 HIGHLAND AVE	TWIN FALLS TWIN FALLS	ID ID	USA USA	83301 83301	
5. Organized Under the Laws of: 6. Annual		. Annual Report must be signed.*					
ID	Signature:	Signature: Kathy Shockey		Date: 04/17/2014			
W 91583	Name (type	Name (type or print): Kathy Shockey		Title: President			
Processed 04/17/2014	* Electronically	* Electronically provided signatures are accepted as original signatures.					