No. W 96218		Due no later than Sep 30, 2014		2. Registered	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 8711 W CHURCHILL RD BOISE ID 83709		8711 W CH BOISE ID	ROBERT SHAW 8711 W CHURCHILL RD BOISE ID 83709 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		ames and Addresse	s of at least one Member or Manager					
Office Held	Name	arries aria Addresse	Street or PO Address	City	State	Country	Postal Code	
MANAGER	ROBERT SHAW		8711 W CHURCHILL RD	BOISE	ID	USA	83709	
5. Organized Under the Laws of: ID W 96218		6. Annual Report Signature: Rol Name (type or		Date: 07/15/2014 Title: Manager				
Processed 07/15/2014 * Electronically provided signatures are accepted as original signatures.								