

No. W 46073		Due no later than Jan 31, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ALL-CARE HOME PERFORMANCE SPECIALIST, LLC PHILIP d BENNETT 5465 E. TERRA LINDA WAY NAMPA ID 83687		PHILIP BENNETT 5465 E. TERRA LINDA WAY NAMPA ID 83687			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name PHILIP BENNETT	Street or PO Address P.O. BOX 195		City CASCADE	State ID	Country USA	Postal Code 83611
5. Organized Under the Laws of: ID W 46073		6. Annual Report must be signed.* Signature: Philip Bennett Name (type or print): Philip Bennett Date: 11/10/2012 Title: Member					
Processed 11/10/2012 * Electronically provided signatures are accepted as original signatures.							