

No. W 33645		Due no later than Oct 31, 2011 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. HOME CARE CRAFTSMAN L.L.C. SHON K GERARD 106 LOGANS LN BELLEVUE ID 83313 USA		SHON GERARD 106 LOGANS LANE BELLEVUE ID 83313			
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 MANAGER	Name SHON GERARD	Street or PO Address 106 LOGANS LN		City BELLEVUE	State ID	Country USA	Postal Code 83313
5. Organized Under the Laws of: ID W 33645		6. Annual Report must be signed.* Signature: Shon Gerard Name (type or print): Shon Gerard Date: 09/14/2011 Title: Manager					
Processed 09/14/2011 * Electronically provided signatures are accepted as original signatures.							