

No. W 157719	Due no later than Oct 31, 2016 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. PREMIUM HOME INSPECTIONS "LIMITED LIABILITY COMPANY" 4957 E PORTSIDE CT POST FALLS ID 83854	DARON L NEET 4957 E PORTSIDE CT POST FALLS ID 83854				
		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
MEMBER	DARON LEE NEET	4957 E. PORTSIDE CT	POST FALLS	ID	USA	83854
5. Organized Under the Laws of: ID W 157719	6. Annual Report must be signed.* Signature: Daron NeetM Name (type or print): Daron NeetM		Date: 12/27/2016 Title: Mr			
Processed 12/27/2016		* Electronically provided signatures are accepted as original signatures.				