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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------|---------|-------------|--|----------------------------------------------------|--|
| No. <b>W 172488</b>                                                                                                                                    |                      | <b>Due no later than Sep 30, 2018</b>                                                                                                                                |       | <b>Annual Report Form</b>                                        |         |             |  | 2. Registered Agent and Address <b>(NO PO BOX)</b> |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                      | <b>1. Mailing Address: Correct in this box if needed.</b><br>CALHOUN HOME INSPECTION, LLC<br>DUSTON SCOTT CALHOUN<br>3629 E SUNRISRE RIM CT<br>NAMPA ID 83686<br>USA |       | DUSTON SCOTT CALHOUN<br>3629 E SUNRISRE RIM CT<br>NAMPA ID 83686 |         |             |  |                                                    |  |
|                                                                                                                                                        |                      |                                                                                                                                                                      |       | 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                                                                                                                                                 | DUSTON SCOTT CALHOUN | 3629 E SUNRISRE RIM CT                                                                                                                                               | NAMPA | ID                                                               | USA     | 83686       |  |                                                    |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 172488</b>                                                                                          |                      | 6. Annual Report must be signed.*<br>Signature: Duston Calhoun<br>Name (type or print): Duston Calhoun<br>Date: 08/22/2018<br>Title: Owner                           |       |                                                                  |         |             |  |                                                    |  |
| Processed 08/22/2018                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                                            |       |                                                                  |         |             |  |                                                    |  |