| No. W 81561 | | Due no later than Feb 29, 2012 | | 2 | 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. JEFF'S CONSTRUCTION AND HOME CARE L.L.C. JEFF N SWENSON 1447 HWY 26 GOODING ID 83330 | | _ | JEFF SWENSON 1447 HWY 26 GOODING ID 83330 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 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 |
| MANAGER | JEFFREY N | SWENSON | 1447 HWY-26 | | GOODING | ID | USA | 83330 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Jeffrey N. Swenson | | | Date: 02/29/2012 | | | |
| W 81561 | | Name (type or print): Jeffrey N. Swenson | | | Title: President | | | |
| Processed 02/29/2012 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |