

No. <b>W 81644</b>		<b>Due no later than Feb 28, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  HOME OPTIONS, LLC SHAYNE CARPENTER 1407 MAPLE AVE TWIN FALLS ID 83301 USA		SHAYNE V CARPENTER 1407 MAPLE AVE TWIN FALLS ID 83301			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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 SHAYNE CARPENTER	Street or PO Address 1407 MAPLE AVE		City TWIN FALLS	State ID	Country USA	Postal Code 83301
5. Organized Under the Laws of:  <b>ID</b> <b>W 81644</b>		6. Annual Report must be signed.*  Signature: Shayne Carpenter Name (type or print): Shayne Carpenter  Date: 02/25/2013 Title: Registered Agent					
Processed 02/25/2013 * Electronically provided signatures are accepted as original signatures.							