

|  |                          |  |           |   |                     |
|--|--------------------------|--|-----------|---|---------------------|
| No. <b>W 1164</b>  |                          | Due no later than May 31, 2011   |           | 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>Annual Report Form</b><br><b>1. Mailing Address: Correct in this box if needed.</b><br>IDAHO PARTNERS IN CARE, LLC<br>SANDY KENNELLY<br>820 ELM ST<br>ST MARIES ID 83861<br>USA |           | VALLEY VISTA CARE CORPORATION<br>820 ELM ST<br>ST MARIES ID 83861 |                     |
|  |                          |  |           | 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 |
| MANAGER  | VALLEY VISTA CARE CENTER | 820 ELM ST   | ST MARIES | ID  | USA 83861           |
| 5. Organized Under the Laws of:  |                          | 6. Annual Report must be signed.*  |           |   |                     |
| <b>ID<br/>W 1164</b>   |                          | Signature: Kasey Borgman<br>Name (type or print): Kasey Borgman  |           | Date: 03/16/2011<br>Title: Director of Corp Compliance            |                     |
| Processed 03/16/2011   |                          | * Electronically provided signatures are accepted as original signatures.  |           |   |                     |