

No. W 65689		Due no later than Aug 31, 2011		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. TOTALCARE IT, LLC AARON L ZIMMERMAN 2373 ROBISON DR REXBURG ID 83440		AARON L ZIMMERMAN 2373 ROBISON DR REXBURG ID 83440			
				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	AARON L ZIMMERMAN	3126 S 2810 W	REXBURG	ID	USA	83440	
MEMBER	JILL A ZIMMERMAN	2373 ROBISON DR	REXBURG	ID	USA	83440	
5. Organized Under the Laws of: ID W 65689		6. Annual Report must be signed.* Signature: Aaron Zimmerman Name (type or print): Aaron Zimmerman Date: 09/10/2011 Title: Member					
Processed 09/10/2011		* Electronically provided signatures are accepted as original signatures.					