

No. <b>W 65689</b>		<b>Due no later than Aug 31, 2011</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>  TOTALCARE IT, LLC AARON L ZIMMERMAN 2373 ROBISON DR REXBURG ID 83440		AARON L ZIMMERMAN 2373 ROBISON DR REXBURG ID 83440			
<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	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:  <b>ID</b> <b>W 65689</b>		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.					