

|  |                 |  |             |  |         |                  |  |
|--|-----------------|--|-------------|--|---------|------------------|--|
| No. <b>C 126161</b>  |                 | <b>Due no later than Oct 31, 2012</b>  |             | 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><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>MUELLER CARE CENTER, INC.<br>BRENT W MUELLER<br>2860 CHANNING WAY STE 211<br>IDAHO FALLS ID 83404<br>USA |             | BRENT W MUELLER<br>2860 CHANNING WAY STE 211<br>IDAHO FALLS ID 83404 |         |                  |  |
|  |                 |  |             | 3. <u>New</u> Registered Agent Signature:*                           |         |                  |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                 |  |             |  |         |                  |  |
| Office Held  | Name            | Street or PO Address   | City        | State  | Country | Postal Code      |  |
| PRESIDENT  | BRENT W MUELLER | 2860 CHANNING WAY, SUITE 211   | IDAHO FALLS | ID   | USA     | 83404            |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*  |             |  |         |                  |  |
| <b>ID<br/>C 126161</b>   |                 | Signature: Brent W. Mueller  |             |  |         | Date: 09/12/2012 |  |
|  |                 | Name (type or print): Brent W. Mueller   |             |  |         | Title: President |  |
| Processed 09/12/2012   |                 | * Electronically provided signatures are accepted as original signatures.  |             |  |         |                  |  |