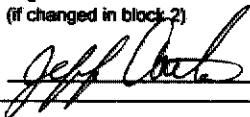
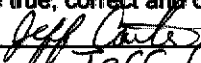


INSTRUCTIONS ON REVERSE SIDE

ISSUED: 47-04-1995

No. 259	Idaho Limited Liability Company Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 30, 1995	JEFF CARTER
	1. Mailing Address - Please Correct If Not Correct	310 N 2ND E STE 146
	UPPER VALLEY SENIOR HOME CARE, JEFF CARTER 310 N 2ND E STE 146	REXBURG ID 83440
REXBURG ID 83440	3. Organized Under The Laws of ID NO: 259	

4. Names and Addresses of ☒ Managers or ☐ Members (check one)		MUST BE PRINTED OR TYPED	
Name	Street or P.O. Address	City	State Zip
Jeff Carter	P.O Box 391	Teton City	Id. 83451
Mary Carter	P.O Box 391	Teton City	Id. 83451

5. Signature of the Current Registered Agent (if changed in block 2) 	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature  Date 7-13-95 Name (Typed or Printed) JEFF CARTER
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