INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-04-1995

No. 259

Return To

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

* FIRST NOTICE *
NO FEE REQUIRED

Idaho Limited Liability Company Annual Report Form

Due No Later Than November 30, 1995

1 Mailing Address - Please Correct If Not Correct

UPPER VALLEY SENIOR HOME CARE,
JEFF CARTER
310 N 2ND E STE 146

REXBURG ID 83440

2. Registered Agent and Office NOT A P.O. BOX

JEFF CARTER
310 N 2ND E STE ~~149~~ 146

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)

Jeff Carter

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 Jeff Carter Date 7-13-95

Name (Typed or Printed) Jeff Carter