

No. W 79529	Due no later than Dec 31, 2011 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		LYNNETTE MCKEAN 04 NORTH 150 WEST JEROME ID 83338			
	MAGIC VALLEY RESIDENTIAL CARE, LLC LYNETTE MCKEAN 04 NORTH 150 WEST JEROME ID 83338		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	LYNNETTE A MCKEAN	04 NORTH MCKEAN	JEROME	ID	USA	83338
5. Organized Under the Laws of: ID W 79529		6. Annual Report must be signed.* Signature: Lynette Mckean Name (type or print): Lynette Mckean		Date: 01/09/2012 Title: Owner		
Processed 01/09/2012		* Electronically provided signatures are accepted as original signatures.				