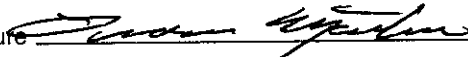


No. W 29684	Due no later than April 30, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable SAFECARE COMPANY, LLC 1537 ADDISON AVE E TWIN FALLS, ID 83301		LEON MARTIN 451 2ND AVE WEST TWIN FALLS, ID 83301												
			3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Leon Martin</td> <td>1537 Addison Ave E</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Member	Leon Martin	1537 Addison Ave E	Twin Falls	ID	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Member	Leon Martin	1537 Addison Ave E	Twin Falls	ID	83301										
5. Organized Under the Laws of: IDAHO W 29684		6. Signature <u></u> Date <u>4-20-06</u> Name <small>(Typed or Printed)</small> <u>Leon Martin</u> Title <u>Owner</u>													

Issued 02/02/2006

Do Not Tape or Staple

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