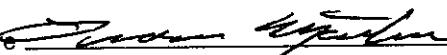


No. <b>W 29684</b>	<b>Due no later than April 30, 2006</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable		LEON MARTIN 451 2ND AVE WEST TWIN FALLS, ID 83301		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	SAFECARE COMPANY, LLC 1537 ADDISON AVE E TWIN FALLS, ID 83301		3. New Registered Agent Signature		
4. Limited Liability Companies: Enter Names and Addresses of Members.					
<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  Name <small>(Typed or Printed)</small> <u>Leon Martin</u> Date <u>4-20-06</u> Title <u>Owner</u>				

Issued 02/02/2006

**Do Not Tape or Staple**

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