

No. C 80646		Due no later than Feb 28, 2013 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		1. Mailing Address: Correct in this box if needed. CLEARWATER CARE CENTER, INC. JAMES M HUTCHINGS 1411 FALLS AVE E STE 703 TWIN FALLS ID 83301 USA		JAMES M HUTCHINGS 1411 FALLS AVE EAST STE 703 TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	DIANE S. HUTCHINGS	3254 WOODRIDGE DRIVE	TWIN FALLS	ID	USA	83301	
DIRECTOR	JAMES M. HUTCHINGS	3254 WOODRIDGE DR.	TWIN FALLS	ID	USA	83301	
PRESIDENT	JAMES M HUTCHINGS	3254 WOODRIDGE DRIVE	TWIN FALLS	ID	USA	83301	
SECRETARY	DIANE SUE HUTCHINGS	3254 WOODRIDGE DR.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 80646		6. Annual Report must be signed.* Signature: James M. Hutchings Name (type or print): James M. Hutchings					
		Date: 02/15/2013 Title: President					
Processed 02/15/2013 * Electronically provided signatures are accepted as original signatures.							