

No. <b>W 31693</b>		<b>Due no later than Jul 31, 2007</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		MICHAEL CLARY 306 3RD ST WALLACE ID 83873			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		GRACARE LLC MICHAEL CLARY 306 3RD ST WALLACE ID 83873					
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	
MANAGER	MICHAEL CLARY	PO BOX 26	OSBURN	ID	USA	83849	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 31693</b>		Signature: Michael Clary			Date: 06/04/2007		
		Name (type or print): Michael Clary			Title: Member		
Processed 06/04/2007		* Electronically provided signatures are accepted as original signatures.					