No. C 179876	Due no later than Aug 31, 2009			2. Registered Agent and Address (NO PO BOX)			
Return to: Annual Report Form			B ROY PRESCOTT				
SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing Address: Correct in this box if needed. CHAROLAIS CARE III, INC. B ROY PRESCOTT 110 N 800 E JEROME ID 83338		110 N 800 E JEROME ID 83338				
PO BOX 83720 BOISE, ID 83720-0080							
			3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held Name	Stree	t or PO Address		City	State	Country	Postal Code
		ORTH 800 EAST		JEROME	ID	USA	83338
SECRETARY JUDITH A	PRESCOTT 110 N	ORTH 800 EAST		JEROME	ID	USA	83338
5. Organized Under the Laws of: 6. Annual Report mus		ed.*					
ID	Signature: B. Roy Prescott			Date: 06/23/2009			
C 179876	Name (type or print): B. Roy Prescott			Title: President			
Processed 06/23/2009	* Electronically provided signatures are accepted as original signatures.						