

No. W 23245		Due no later than Mar 31, 2008		2. Registered Agent and Address (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		Annual Report Form 1. Mailing Address: Correct in this box if needed. CARE COMPASSION COMMUNICATION, LLC. REENA F JOSOFF 276 RIVERVISTA PL TWIN FALLS ID 83301		REENA JOSOFF LMSW-CSW 224 MARTIN ST TWIN FALLS ID 83301	
				3. <u>New</u> Registered Agent Signature: *	
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
MEMBER	REENA JOSOFF	1134 SPARKS	TWIN FALLS	ID	USA 83301
5. Organized Under the Laws of: ID W 23245		6. Annual Report must be signed.* Signature: Reena Josoff Name (type or print): Reena Josoff Date: 02/19/2008 Title: President			
Processed 02/19/2008		* Electronically provided signatures are accepted as original signatures.			