

No. <b>W 1164</b>		<b>Due no later than May 31, 2012</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  IDAHO PARTNERS IN CARE, LLC SANDY KENNELLY 820 ELM ST ST MARIES ID 83861 USA		VALLEY VISTA CARE CORPORATION 820 ELM ST ST MARIES ID 83861			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
MANAGER	RITA MUELLER	VALLEY VISTA CARE CENTER	820 ELM ST	ST MARIES	ID	USA	83861
5. Organized Under the Laws of:  <b>ID</b> <b>W 1164</b>		6. Annual Report must be signed.*  Signature: Kasey Borgman Name (type or print): Kasey Borgman					
		Date: 03/09/2012 Title: Director of Corp Compliance					
Processed 03/09/2012      * Electronically provided signatures are accepted as original signatures.							