

No. W 71977

Due no later than March 31, 2009

2. Registered Agent and Office NO PO BOX

## Annual Report Form

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

SCHROM THERAPEUTIC HOME CARE FOR BO  
~~185 QUAIL DR~~ 222 Nighthawk Rd.  
BONNERS FERRY, ID 83805

JOHN P SCHROM

185 QUAIL DR 222 Nighthawk Rd  
BONNERS FERRY, ID 83805

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

| Office held | Name         | Street or P.O. Address | City          | State | Zip   |
|-------------|--------------|------------------------|---------------|-------|-------|
| Member      | John Schrom  | 222 Nighthawk Rd.      | Bonnors Ferry | ID    | 83805 |
| Member      | Julia Schrom | 222 Nighthawk Rd.      | BONNERS FERRY | ID    | 83805 |

5. Organized Under the Laws of:

IDAHO  
W 71977

6.

Signature

John P. Schrom

Date

1/12/09

Name (Typed or Printed)

John P. Schrom

Title

Member

Issued 01/05/2009

Do Not Tape or Staple

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