

No. W 5788		Due no later than Mar 31, 2010		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 CONNECTION, L.L.C. LINDA KAY WEISS 1427 POWERS AV LEWISTON ID 83501		LINDA KAY WEISS 1427 POWERS AV LEWISTON ID 83501			
				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	LINDA KAY WEISS	1427 POWERS AV	LEWISTON	ID	USA	83501	
MANAGER	MICHAEL JOHN WEISS	1427 POWERS AV	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID W 5788		6. Annual Report must be signed.* Signature: Miclael J. Weiss Name (type or print): Miclael J. Weiss Date: 02/08/2010 Title: Manager					
Processed 02/08/2010		* Electronically provided signatures are accepted as original signatures.					