

No. **W 1164**

Due no later than May 31, 2007

Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:
**SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080**

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

**IDAHO PARTNERS IN CARE, LLC
SCOTT BURPEE
820 ELM ST
ST MARIES, ID 83861**

~~GRERIR PRATT~~ **Lauren Manfull**
**820 ELM ST
ST MARIES, ID 83861**

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

Lauren A. Manfull

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Lauren Manfull	820 Elm St	St maries	Idaho	83861

5. Organized Under the Laws of:
**IDAHO
W 1164**

6.

Signature

Kay F. Miller

Date

5/26/07

Name

(Typed or
Printed)

Kay F. Miller

Title

Chairman of

Issued 03/01/2007

Do Not Tape or Staple

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Boyd