

No. W 41516		Due no later than Jul 31, 2009		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		BRIDGETTE PRESNELL 2146 OROFINO CRK RD OROFINO ID 83544			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		QUALITY QUAD CARE LLC. 2146 OROFINO CRK RD OROFINO ID 83544					
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	JANIE PRINTZ	226 MARCUS	HAMILTON	MT	USA	59840	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 41516		Signature: Bridgette Presnell				Date: 08/13/2009	
		Name (type or print): Bridgette Presnell				Title: Agent	
Processed 08/13/2009		* Electronically provided signatures are accepted as original signatures.					