

No. W 76589		Due no later than Aug 31, 2010 Annual Report Form		2. Registered Agent and Address (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 needed. CENTER STREET HEALTH CARE, LLC BRENDA EKSTROM 1553 EAST CENTER ST POCATELLO ID 83201 USA		HELENE POULOS-EDMO 1553 EAST CENTER ST POCATELLO ID 83201			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name CYNDI M RICE	Street or PO Address 1553 EAST CENTER ST		City POCATELLO	State ID	Country USA	Postal Code 83201
5. Organized Under the Laws of: ID W 76589		6. Annual Report must be signed.* Signature: Brenda Ekstrom Name (type or print): Brenda Ekstrom Date: 09/13/2010 Title: Book-keeper					
Processed 09/13/2010 * Electronically provided signatures are accepted as original signatures.							