

No. W 76589		Due no later than Aug 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. 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	
				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
MEMBER	CYNDI M RICE	1553 EAST CENTER ST	POCATELLO	ID	USA 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.			