

No. <b>W 5788</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1999</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>LINDA KAY WEISS</b> <b>1427 POWERS AV</b>  <b>LEWISTON ID 83501</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>CARE CONNECTION, L.L.C.</b> <b>LINDA KAY WEISS</b> <b>1427 POWERS AV</b>  <b>LEWISTON ID 83501</b>		3. Organized Under the Laws of:  <b>ID W 5788</b>	
<b>* FIRST NOTICE *</b>				
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
<i>Member</i>	<i>Linda Kay Weiss</i>	<i>1427 Powers Ave</i>	<i>Lewiston</i>	<i>ID 83501</i>
<i>Member</i>	<i>Michael John Weiss</i>	<i>1427 Powers Ave</i>	<i>Lewiston</i>	<i>ID 83501</i>
5. Signature of New Registered Agent		6. Signature <u><i>Michael John Weiss</i></u> Date <u><i>8/6/99</i></u> Name <small>(Typed or Printed)</small> <u><i>Michael John Weiss</i></u> Title <u><i>Member</i></u>		

ISSUED: 07-03-1999

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