

No. W 37779		Due no later than Mar 31, 2011		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		MICHAEL LYNN CROCKETT 1135 FALLS AVE AMERICIAN FALLS ID 83211			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		ILLUSTI NURSING L.L.C. MICHAEL L CROCKETT 1135 FALLS AVE AMERICIAN FALLS ID 83211					
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	
MANAGER	MICHAEL LYNN CROCKETT	1135 FALLS AVE	AMERICIAN FALLS	ID	USA	83211	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 37779		Signature: Michael Crockett				Date: 03/31/2011	
		Name (type or print): Michael Crockett				Title: Manager	
Processed 03/31/2011		* Electronically provided signatures are accepted as original signatures.					