

REINSTATEMENT

No. W 4595	Annual Report Form ADMIN DISSOLVED 12/06/2001		2. Registered Agent and Office NOT A P.O. BOX																															
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable VILLAGE CARE LLC PO BOX 3 GENESEE, ID 83832		CHRISTINE L BERNACCHI 438 W WALNUT 924 15 th AVENUE LEWISTON GENESEE, ID 83832-83501 3. New registered agent signature																															
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>CHRISTINE BERNACCHI</td> <td>924 15th AVENUE</td> <td>LEWISTON</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>TREASURER</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SECRETARY</td> <td>CHARLES BERNACCHI</td> <td>924 15th AVENUE</td> <td>LEWISTON</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>VICE PRES.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	CHRISTINE BERNACCHI	924 15 th AVENUE	LEWISTON	ID	83501	TREASURER						SECRETARY	CHARLES BERNACCHI	924 15 th AVENUE	LEWISTON	ID	83501	VICE PRES.					
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5. Organized under the laws of: IDAHO W 4595		6. Signature <u>Christine Bernacchi</u> Date <u>4/29/04</u> Name (Typed or Printed) <u>CHRISTINE BERNACCHI</u> Title <u>ADMINISTRATOR</u> <u>PRESIDENT</u>																																

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