	Due no later than Septemb	er 30, 2005	2. Registered Age	nt and Office NO DO DO
Return to:	Annual Report Form 1. Mailing Address - Correct in this box, if applicable		Registered Agent and Office NO PO BO TRILBY GREENE 11777 LAKEVIEW DR	
SECRETARY OF STATE				
700 WEST JEFFERSON	CREAMRIDGE FARMS, LLC		HAYDEN LAKE, I	V UK
PO BOX 83720	TRILBY GREENE		TOTAL CARE, I	D 03033
BOISE, ID 83720-0080	11177 LAKEVIEW DR			
	HAYDEN LAKE, ID 83835			
NO FILING FEE IF			New Registered	Agent Signature
RECEIVED BY DUE DATE				
4. Limited Liability Companie	s: Enter Names and Addresses of I	Managers		
Office held Name	Street or P.O. Address	-		
	The Modress	City	<u>State</u>	Zip
	ne 11177 Lakeview Dr. H	oy con Lake,	Idaho	83835
		_		
5. Organized Under the Laws of:	6.			
5. Organized Under the Laws of: IDAHO W 2907	Signature July		Date	July 18,2005
IDAHO		ene		July 18,2005