


No. W 29684	Due no later than April 30, 2005 Annual Report Form		2. Registered Agent and Office 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	1. Mailing Address - Correct in this box, if applicable SAFECARE COMPANY, LLC 451 2ND AVE WEST 1537 Addison Ave E TWIN FALLS, ID 83301		LEON MARTIN 451 2ND AVE WEST TWIN FALLS, ID 83301 3. New Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <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>MEMBER</td> <td>LEON MARTIN</td> <td>1537 Addison Ave E</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	MEMBER	LEON MARTIN	1537 Addison Ave E	TWIN FALLS	ID	83301
Office held	Name	Street or P.O. Address	City	State	Zip										
MEMBER	LEON MARTIN	1537 Addison Ave E	TWIN FALLS	ID	83301										
5. Organized Under the Laws of: IDAHO W 29684	6. Signature  Date 2-28-05 Name <small>(Type or Print)</small> LEON MARTIN Title Administrator														

Issued 02/01/2005

Do Not Tape or Staple

200504000304