

No. **W 20239**

Due no later than August 31, 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

1. Mailing Address - Correct in this box, if applicable

NORTHWEST CAREGIVER SERVICES, LLC  
300 N MAPLE GROVE RD  
BOISE, ID 83704

CHARLES E HOWELL  
300 N MAPLE GROVE RD  
BOISE, ID 83704

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held Name

Street or P.O. Address

City

State

Zip

*For*  
Managing member Charles E Howell 300 N Maple Grove Rd  
Boise ID 83704  
Ave. Suite A

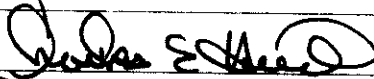
5. Organized Under the Laws of:

IDAHO  
W 20239

6.

Signature

Name (Typed or  
Printed)



Charles E. Howell

Date

6-19-05

Title

*For*  
Managing Member

Issued 06/01/2005

Do Not Tape or Staple

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