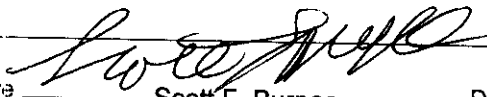


No. W 1164	Due no later than May 31, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable IDAHO PARTNERS IN CARE, LLC SCOTT BURPEE 820 ELM ST ST MARIES, ID 83861		SCOTT BURPEE 820 ELM ST ST MARIES, ID 83861 3. New Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Chief Exec.</td> <td>Scott Burpee</td> <td>820 Elm Street,</td> <td>St. Maries,</td> <td>ID</td> <td>83861</td> </tr> <tr> <td>Officer/Managing Member</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Chief Exec.	Scott Burpee	820 Elm Street,	St. Maries,	ID	83861	Officer/Managing Member					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																
Chief Exec.	Scott Burpee	820 Elm Street,	St. Maries,	ID	83861																
Officer/Managing Member																					
5. Organized Under the Laws of: IDAHO W 1164	6.  Signature <u>Scott F. Burpee</u> Date <u>5/7/02</u> Name <small>(Typed or Printed)</small> _____ Title _____																				

Issued 03/01/2002

Do Not Tape or Staple

4429