

No. **W 12417**

**Due no later than July 31, 2004
Annual Report Form**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

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

CHARLAINE HEALTHCARE ENTERPRISES, L
2509 LAURIE LANE
TWIN FALLS, ID 83301

2. Registered Agent and Office NO PO BOX

CHARLES J HANSEN
2509 LAURIE LANE
TWIN FALLS, ID 83301

3. New Registered Agent Signature

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

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Charles J. Hansen	2509 Laurie Ln	Twin falls	ID	83301
Member	Elaine D Hansen	2509 Laurie Ln	Twin falls	ID	83301

5. Organized Under the Laws of:

IDAHO
W 12417

6.

Signature

Charles J. Hansen

Date

May 10, 2004

Name

(Typed or
Printed)

Charles J. Hansen

Title

Manager

Issued 05/03/2004

Do Not Tape or Staple

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