No. W 80859		Due no later than Jan 31, 2012		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DALE HOPKINS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BAYVIEW PROPERTY CARE LLC DALE HOPKINS PO BOX 346 BAYVIEW ID 83803		BAYVIEW ID	17173 PIER RD BAYVIEW ID 83803 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Com	panies: Enter Nai	mes and Addresses of a	t least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	R DALE L HOPKINS		17173 PIER RD	BAYVIEW	ID	USA	80803	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 80859		Signature: Dale Hopkins			Date: 11/28/2011			
		Name (type or print): Dale Hopkins			Title: Manager			
Processed 11/28/2011 * Electronically provided signatures are accepted as original signatures.								