

No. <b>W 71421</b>		<b>Due no later than Feb 28, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  SARAH CARE OF BOISE, LLC JACK C HOOPES 7957 N RIVERFRONT DR IDAHO FALLS ID 83401		JACK C HOOPES 7957 N RIVERFRONT DR IDAHO FALLS ID 83401			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	JACK C HOOPES	7957 N RIVERFRONT DR	IDAHO FALLS	ID	USA	83401	
MEMBER	LORNA E HOOPES	7957 N RIVERFRONT DR	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:  <b>ID</b> <b>W 71421</b>		6. Annual Report must be signed.*  Signature: Lorna Hoopes Name (type or print): Lorna Hoopes					
		Date: 04/24/2013 Title: Member					
Processed 04/24/2013      * Electronically provided signatures are accepted as original signatures.							