No. W 1164		Due no later than May 31, 20 Annual Report Form	006	2. Registered Agent and Office NO PO Bo
Return to: SECRETARY (700 WEST JEF PO BOX 83720 BOISE, ID 8373	FERSON)	1. Mailing Address - Correct in this box, IDAHO PARTNERS IN CARE, LLC SCOTT BURPEE 820 ELM ST ST MARIES, ID 83861		CHERI R PRATT 820 ELM ST ST MARIES, ID 83861
NO FILING FEI				3. New Registered Agent Signature
RECEIVED BY	DUE DATE			
^{4.} Limited Liab	oility Companie	s: Enter Names and Addresses of Ma	anagers.	
Office held	<u>Name</u>	Street or P.O. Address	City	State Zip
Manager	Cheri R.	Pratt 820 EIH St. S.	+ Maries	TD 83861
,				7-2 0000
•			_	72 000
,				,
5. Organized Under	r the Laws of:			
	r the Laws of: HO			
5. Organized Under	r the Laws of: HO 164			Date3-13-06 H Title Manager