

No. W 23028		Due no later than Mar 31, 2012		2. Registered Agent and Address (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		Annual Report Form 1. Mailing Address: Correct in this box if needed. DOWNEY CARE CENTER, LLC KAYLEEN W PARKE 35 1/2 N MAIN DOWNEY ID 83234		JIM H PARKE 35 1/2 N MAIN DOWNEY ID 83234			
				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	JIM H PARKE	35 1/2 N MAIN	DOWNEY	ID	USA	83234	
MEMBER	KAYLEEN W PARKE	35 1/2 N MAIN	DOWNEY	ID	USA	83234	
5. Organized Under the Laws of: ID W 23028		6. Annual Report must be signed.* Signature: Kayleen W Parke Name (type or print): Kayleen W Parke Date: 02/20/2012 Title: Member					
Processed 02/20/2012		* Electronically provided signatures are accepted as original signatures.					