No. <b>C 151768</b>		Due no later than Nov 30, 2009		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		JOHN O HOLMAN				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  CARING HEARTS SENIOR CARE, INC.  DARREN D WEST  3480 E. CENTER ST.  POCATELLO ID 83201-2657		610 MALLARD ST. POCATELLO ID 83202-4919  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Na	mes and Busin	ess Addresses o	f President, Secretary, and Directors. Tr	easurer (	optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT DARREN D WEST		WEST	3480 E. CENTER ST.		POCATELLO	ID	USA	83201-2657
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Darren D West			Date: 09/15/2009			
C 151768		Name (type or print): Darren D West			Title: President			
Processed 09/15/2009 * Electronically provided signatures are accepted as original signatures.								