No. **W 23245**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than March 31, 2005
Annual Report Form

1. Mailing Address - Correct in this box, if applicable

CARE COMPASSION COMMUNICATION, LLC.
3338 MAIN AVE E
TWIN FALLS, ID 83301

2. Registered Agent and Office **NO PO BOX**

REENA JOSOFF LMSW-CSW
120 9TH AVE NORTH
BUHL, ID 83316

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
MEMBER	REENA JOSOFF	1134 SPARKS	TWIN FALLS	ID	83301
MEMBER	MICHAEL WOLFE	PO BOX 2217	TWIN FALLS	ID	83301

5. Organized Under the Laws of:

IDAHO
W 23245

6. Signature _____ Date 2/1/05

Name (Typed or Printed) REENA JOSOFF Title MEMBER

Issued 01/03/2005

Do Not Tape or Staple

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