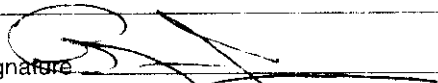


No. W 23245	Due no later than March 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable CARE COMPASSION COMMUNICATION, LLC. 3338 MAIN AVE E TWIN FALLS, ID 83301		REENA JOSOFF LMSW-CSW 120 9TH AVE NORTH BUHL, ID 83316																			
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature																			
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>REENA JOSOFF</td> <td>1134 SPARKS</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>MEMBER</td> <td>MICHAEL WOLFE</td> <td>PO Box 2217</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MEMBER	REENA JOSOFF	1134 SPARKS	TWIN FALLS	ID	83301	MEMBER	MICHAEL WOLFE	PO Box 2217	TWIN FALLS	ID	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																	
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 _____ Name (Typed or Printed) <u>REENA JOSOFF</u>			Date <u>2/16/05</u> Title <u>MEMBER</u>																	

Issued 01/03/2005

Do Not Tape or Staple

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