No. **W 80859**	**Due no later than Jan 31, 2011** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** BAYVIEW PROPERTY CARE LLC DALE HOPKINS PO BOX 346 BAYVIEW ID 83803	DALE HOPKINS 17173 PIER RD BAYVIEW ID 83803 3. New 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
MANAGER	DALE L HOPKINS	17173 PIER RD	BAYVIEW	ID	USA	80803

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 80859**	Signature: Dale Hopkins	Date: 02/01/2011
	Name (type or print): Dale Hopkins	Title: Owner

Processed 02/01/2011

* Electronically provided signatures are accepted as original signatures.