

No. W 31693		Due no later than Jul 31, 2009		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. GRACARE LLC MICHAEL CLARY 306 3RD ST WALLACE ID 83873		KEVIN CLARY 501 S MAIN ST MOSCOW ID 83843	
				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
MANAGER	MICHAEL CLARY	PO BOX 26	OSBURN	ID	USA 83849
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 31693		Signature: Michael clary Name (type or print): Michael clary		Date: 06/03/2009 Title: Manager	
Processed 06/03/2009		* Electronically provided signatures are accepted as original signatures.			