

No. **W 1164**

Due no later than May 31, 2004

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

IDAHO PARTNERS IN CARE, LLC
SCOTT BURPEE
820 ELM ST

~~SCOTT BURPEE~~ *Cheri R Pratt*
820 ELM ST

ST MARIES, ID 83861

**NO FILING FEE IF
RECEIVED BY DUE DATE**

ST MARIES, ID 83861

3. New Registered Agent Signature

Cheri R Pratt

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	<i>Cheri R. Pratt</i>	<i>820 ELM ST.</i>	<i>ST. MARIES.</i>	<i>ID</i>	<i>83861</i>

5. Organized Under the Laws of:

IDAHO
W 1164

6.

Signature

Cheri R Pratt

Date

3/29/04

Name (Type or Printed)

Cheri R. Pratt

Title

manager