

No. <b>J 17</b>		<b>Due no later than Sep 30, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  CARE, LLP KATHLEEN BOESPFLUG PO BOX 4763 BOISE ID 83711 USA		DANIEL R BOESPFLUG 10416 W ROCKWOOD ST BOISE ID 83704			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	DANIEL R BOESPFLUG	PO BOX 4763	BOISE	ID	USA	83711	
PARTNER	KATHLEEN O BOESPFLUG	PO BOX 4763	BOISE	ID	USA	83711	
5. Organized Under the Laws of:  <b>ID</b> <b>J 17</b>		6. Annual Report must be signed.*  Signature: Kathleen Boespflug Name (type or print): Kathleen Boespflug					
		Date: 07/13/2010 Title: Member					
Processed 07/13/2010		* Electronically provided signatures are accepted as original signatures.					