

No. <b>J 17</b>		<b>Due no later than Sep 30, 2010</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<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			
				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 BOESPLFUG	PO BOX 4763	BOISE	ID	USA	83711	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID J 17</b>		Signature: Kathleen Boespflug				Date: 07/13/2010	
		Name (type or print): Kathleen Boespflug				Title: Member	
Processed 07/13/2010		* Electronically provided signatures are accepted as original signatures.					