

No. **W 12417**

Due no later than July 31, 2006

Annual Report Form

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

CHARLAINE HEALTHCARE ENTERPRISES, L
2509 LAURIE LANE
TWIN FALLS, ID 833012. Registered Agent and Office **NO PO BOX**CHARLES J HANSEN
2509 LAURIE LANE
TWIN FALLS, ID 83301**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

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

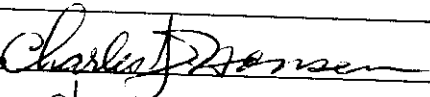
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Charles J. Hansen	2509 Laurie Ln	Twin falls	ID	83301
member	Elaine D. Hansen	2509 Laurie Ln	Twin falls	ID	83301

5. Organized Under the Laws of:

IDAHO
W 12417

6.

Signature

Date 5/8/06

Name (Typed or Printed)

Charles J. Hansen

Title Manager

Issued 05/01/2006

Do Not Tape or Staple

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