

No. W 1164		Due no later than May 31, 2008		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. IDAHO PARTNERS IN CARE, LLC LESLIE HIEBERT 820 ELM ST ST MARIES ID 83861		LAUREN MANFULL 820 ELM ST ST MARIES ID 83861	
				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	VALLEY VISTA CARE CENTER	820 ELM ST	ST MARIES	ID	USA 83861
5. Organized Under the Laws of: ID W 1164		6. Annual Report must be signed.* Signature: Leslie Hiebert Name (type or print): Leslie Hiebert Date: 05/31/2008 Title: CEO/Managing Member			
Processed 05/31/2008		* Electronically provided signatures are accepted as original signatures.			