

No. W 79529		Due no later than Dec 31, 2010 Annual Report Form		2. Registered Agent and Address (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 needed. MAGIC VALLEY RESIDENTIAL CARE, LLC LYNETTE MCKEAN 04 NORTH 150 WEST JEROME ID 83338		LYNNETTE MCKEAN 04 NORTH 150 WEST JEROME ID 83338			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name LYNNETTE A MCKEAN	Street or PO Address 04 NORTH MCKEAN		City JEROME	State ID	Country USA	Postal Code 83338
5. Organized Under the Laws of: ID W 79529		6. Annual Report must be signed.* Signature: Lynette Mckean Name (type or print): Lynette Mckean Date: 01/24/2011 Title: Owner					
Processed 01/24/2011 * Electronically provided signatures are accepted as original signatures.							