

No. W 51687	Due no later than Jun 30, 2011 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. DON'S HOME CARE, LLC DONALD H CHALFANT 920 N. GARDEN ST. BOISE ID 83706 USA		DONALD CHALFANT 920 N. GARDEN ST. BOISE ID 83706			
			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	DONALD CHALFANT	920 N. GARDEN ST.	BOISE	ID	USA	83706
5. Organized Under the Laws of: ID W 51687	6. Annual Report must be signed.* Signature: Donald Chalfant Name (type or print): Donald Chalfant		Date: 04/27/2011 Title: Owner			
Processed 04/27/2011		* Electronically provided signatures are accepted as original signatures.				