

No. W 37779		Due no later than Mar 31, 2009		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. ILLUSTI NURSING L.L.C. MICHAEL L CROCKETT 1135 FALLS AVE AMERICIAN FALLS ID 83211		MICHAEL LYNN CROCKETT 1135 FALLS AVE AMERICIAN FALLS ID 83211			
				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	MICHAEL LYNN CROCKETT	1135 FALLS AVE	AMERICIAN FALLS	ID	USA	83211	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 37779		Signature: Michael Crockett Name (type or print): Michael Crockett				Date: 04/18/2009 Title: Manager	
Processed 04/18/2009		* Electronically provided signatures are accepted as original signatures.					