

No. W 37779		Due no later than Mar 31, 2009 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. ILLUSI NURSING L.L.C. MICHAEL L CROCKETT 1135 FALLS AVE AMERICIAN FALLS ID 83211		MICHAEL LYNN CROCKETT 1135 FALLS AVE AMERICIAN FALLS ID 83211			
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	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: ID W 37779		6. Annual Report must be signed.* 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.					