

No. W 1164	Due no later than May 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. IDAHO PARTNERS IN CARE, LLC SANDY KENNELLY 820 ELM ST ST MARIES ID 83861 USA		LESLIE HIEBERT 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: Sandy Kennelly Name (type or print): Sandy Kennelly		Date: 05/30/2009 Title: Interim CEO		
Processed 05/30/2009		* Electronically provided signatures are accepted as original signatures.				