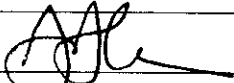


No. W 28534	Due no later than February 28, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX JAMES D DICKINSON 1910 E SCHNEIDMILLER #A POST FALLS, ID 83877																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable DICKINSON LONG TERM CARE, L.L.C. PO BOX 1268 POST FALLS, ID 83878		3. <u>New</u> Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>JAMES D. DICKINSON</td> <td>PO BOX 1268</td> <td>Post Falls</td> <td>ID</td> <td>83877</td> </tr> <tr> <td>MANAGER</td> <td>MICHAEL R KENNEDY</td> <td>PO BOX 3656</td> <td>COEUR D ALENE</td> <td>ID</td> <td>83816</td> </tr> <tr> <td>MEMBER</td> <td>ANNA PEARCE</td> <td>2865 N SUGAR PINE DR</td> <td>COEUR D ALENE</td> <td>ID</td> <td>83815</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MANAGER	JAMES D. DICKINSON	PO BOX 1268	Post Falls	ID	83877	MANAGER	MICHAEL R KENNEDY	PO BOX 3656	COEUR D ALENE	ID	83816	MEMBER	ANNA PEARCE	2865 N SUGAR PINE DR	COEUR D ALENE	ID	83815
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5. Organized Under the Laws of: IDAHO W 28534		6. Signature  Date <u>2/23/06</u> Name (Typed or Printed) <u>JAMES D. DICKINSON</u> Title <u>MANAGER</u>																									