No. **W 12417**

**Due no later than July 31, 2005**

**Annual Report Form**

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

CHARLAINE HEALTHCARE ENTERPRISES, L
2509 LAURIE LANE
TWIN FALLS, ID 83301

2. Registered Agent and Office **NO PO BOX**

CHARLES J HANSEN
2509 LAURIE LANE
TWIN FALLS, ID 83301

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

| Office held | Name | Street or P.O. Address | City | State | Zip |
|---|---|---|---|---|---|
| Manager | Charles J. Hansen | 2509 Laurie Ln | Twin falls | ID | 83301 |
| member | Elaine D. Hansen | 2509 Laurie Ln | Twin falls | ID | 83301 |

5. Organized Under the Laws of:

IDAHO
W 12417

6.
Signature Charles J Hansen Date 5/6/05

Name (Typed or Printed) Charles J. Hansen Title Manager

Issued 05/02/2005

**Do Not Tape or Staple**

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