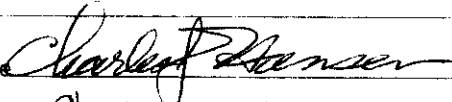
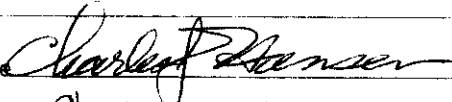
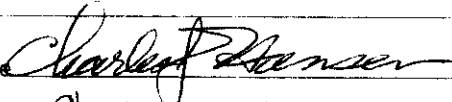


No. W 12417	Due no later than July 31, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX CHARLES J HANSEN 2509 LAURIE LANE TWIN FALLS, ID 83301																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CHARLAINE HEALTHCARE ENTERPRISES, L 2509 LAURIE LANE TWIN FALLS, ID 83301	3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <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: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><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>Charles J. Hansen</td> <td>2509 Laurie Ln</td> <td>Twin falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>member</td> <td>Elaine D. Hansen</td> <td>2509 Laurie Ln</td> <td>Twin falls</td> <td>ID</td> <td>83301</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	Charles J. Hansen	2509 Laurie Ln	Twin falls	ID	83301	member	Elaine D. Hansen	2509 Laurie Ln	Twin falls	ID	83301
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5. Organized Under the Laws of: IDAHO W 12417	6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;"> Signature  </td> <td style="width: 40%;"> Date <u>5/6/05</u> </td> </tr> <tr> <td> Name (Typed or Printed) <u>Charles J. Hansen</u> </td> <td> Title <u>manager</u> </td> </tr> </table>		Signature 	Date <u>5/6/05</u>	Name (Typed or Printed) <u>Charles J. Hansen</u>	Title <u>manager</u>														
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