INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-04-1995

No. 1164

Idaho Limited Liability Company Annual Report Form

Due No Later Than November 30, 1995

Return To:
Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address -- Please Correct If Not Correct

NORTH IDAHO CARE SERVICES, LLC
SCOTT BURPEE
820 ELM ST

ST MARIES ID 83861

2. Registered Agent and Office NOT A P.O. BOX

SCOTT BURPEE
820 ELM ST

ST MARIES ID 83861

3. Organized Under The Laws of

ID
NO: 1164

4. Names and Addresses of ☒ Managers or ☐ Members (check one) MUST BE PRINTED OR TYPED

Name	Street or P.O. Address	City	State	Zip
Valley Vista Care Corporation	820 Elm Street	St. Maries	ID	83861

5. Signature of the Current Registered Agent (if changed in block 2)

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature Scott F. Burpee Date 9/12/95

Name (Typed or Printed) Scott F. Burpee