No. <b>W 56157</b> Return to:		Due no later than Nov 30, 2007  Annual Report Form		2.	2. Registered Agent and Address (NO PO BOX) LIZABETH HUTCHINSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  L.D. HEALTHCARE, LLC. LIZABETH HUTCHINSON 763 REDMAN CHUBBUCK ID 83202			763 REDMAN CHUBBUCK ID 83202  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	(	City	State	Country	Postal Code
MEMBER	LIZABETH H	UTCHINSON	763 REDMAN	(	CHUBBUCK	ID	USA	83202
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Lizabeth			Date: 10/01/2007			
W 56157		Name (type or print): Lizabeth			Title: Hutchinson			
Processed 10/01/2007 * Electronically provided signatures are accepted as original signatures.								