

No. W 56913		Due no later than Dec 31, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. COMPLETE OFFICE CARE L.L.C. BRANDON L HART 4156 TRENTON ST IDAHO FALLS ID 83401		BRANDON L HART 4156 TRENTON ST IDAHO FALLS ID 83401			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	BRANDON L HART	4156 TRENTON ST	IDAHO FALLS	ID	USA	83401	
MANAGER	JAMIE D HART	4156 TRENTON ST	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of: ID W 56913		6. Annual Report must be signed.* Signature: Brandon Hart Name (type or print): Brandon Hart					
		Date: 10/24/2012 Title: Manager					
Processed 10/24/2012		* Electronically provided signatures are accepted as original signatures.					