

No. W 5788		Due no later than Mar 31, 2011 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. CARE CONNECTION, L.L.C. LINDA KAY WEISS 1425 POWERS AV LEWISTON ID 83501		LINDA KAY WEISS 1425 POWERS AV LEWISTON ID 83501			
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	
MEMBER MANAGER	LINDA KAY WEISS MICHAEL JOHN WEISS	1425 POWERS AV 1425 POWERS AV	LEWISTON LEWISTON	ID ID	USA USA	83501 83501	
5. Organized Under the Laws of: ID W 5788		6. Annual Report must be signed.* Signature: Michael J Weiss Name (type or print): Michael J Weiss Date: 04/12/2011 Title: Manager					
Processed 04/12/2011 * Electronically provided signatures are accepted as original signatures.							