

No. C 137762	Due no later than February 29, 2004		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		WILLIAM LLOYD SHOBE												
	1. Mailing Address - Correct in this box if applicable:		RT 1 BOX 5B												
	B & B RESIDENTIAL CARE, INC. RT 1 BOX 5B KOOSKIA, ID 83539		KOOSKIA, ID 83539												
3. <u>New</u> Registered Agent Signature															
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>William Shobe</td> <td>Rt 1 Box 5-B</td> <td>Kooskia</td> <td>Id.</td> <td>83539</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>	President	William Shobe	Rt 1 Box 5-B	Kooskia	Id.	83539
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	William Shobe	Rt 1 Box 5-B	Kooskia	Id.	83539										
5. Organized Under the Laws of: IDAHO C 137762		6. Signature <u>William L. Shobe</u> Date <u>12-9-03</u> Name (Typed or Printed) <u>William L. Shobe</u> Title <u>Owner</u>													