No. <b>W 89134</b> Return to:		Due no later than Dec 31, 2010 Annual Report Form			2. Registered Agent and Address (NO PO BOX)  MADELEINE BURGESS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  CARE HAVEN, LLC  MADELEINE BURGESS  4980 LENVILLE RD  MOSCOW ID 83843		MOSCO	4980 LENVILLE RD MOSCOW ID 83843-7464  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Nar	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	MADELEINE	BURGESS	4980 LENVILLE RD	MOSCO	W ID	USA	83843-7464	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 89134		Signature: Madeleine Burgess			Date: 12/09/2010			
		Name (type or print): Madeleine Burgess			Title: Member			
Processed 12/09/2010 * Electronically provided signatures are accepted as original signatures.								