

No. W 28590

Due no later than February 29, 2008  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

NORTHSTAR HEALTHCARE, LLC.  
524 11TH ST  
IDAHO FALLS, ID 83404PAUL C MASON  
524 11TH ST  
IDAHO FALLS, ID 83404NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Laura Mason	524 11th	Idaho Falls	ID	83404
Manager	Paul Mason	524 11th	Idaho Falls	ID	83404

5. Organized Under the Laws of:

IDAHO  
W 28590

6.

Signature



Date

2/20/2008

Name (Typed or Printed)

Paul C. Mason

Title

Manager

Issued 12/03/2007

Do Not Tape or Staple

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