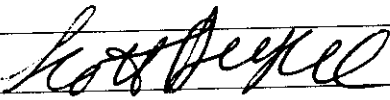


<b>No. W 110</b>	<b>Annual Report Form</b>	<b>2. Registered Agent and Office NO PO BOX</b>																								
<b>Return to:</b> SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address</b> <small>Correct in this box, if applicable</small> IDAHO PARTNERSHIP CARE, LLC SCOTT BURPEE 820 ELM ST  ST MARIES, ID 83861	SCOTT BURPEE 820 ELM ST  ST MARIES, ID 83861  <b>3. New Registered Agent Signature</b>																								
<b>4. Limited Liability Companies: Enter names and addresses of Managers.</b>  <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>Chief Exec.</td> <td>Scott Burpee</td> <td>820 Elm Street</td> <td>St. Maries, ID</td> <td>83861</td> <td></td> </tr> <tr> <td>Officer/Managing</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Member</td> <td></td> <td></td> <td></td> <td></td> <td></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>	Chief Exec.	Scott Burpee	820 Elm Street	St. Maries, ID	83861		Officer/Managing						Member					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																					
Chief Exec.	Scott Burpee	820 Elm Street	St. Maries, ID	83861																						
Officer/Managing																										
Member																										
<b>5. Organized Under the Laws of:</b>  IDAHO W 1164	<b>6.</b> Signature  Date <u>June 5, 2003</u> Name <small>(Typed or Printed)</small> <u>Scott F. Burpee</u> Title <u>CEO</u>																									