

No. <b>W 86101</b>		<b>Due no later than Aug 31, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  FRIENDS AND FAMILY HOME CARE, LLC LEEANN CAMPBELL 265 E CHUBBUCK RD STE B CHUBBUCK ID 83202		CAMILLE AGUINAGA 265 E CHUBBUCK RD, SUITE B CHUBBUCK ID 83202-2706			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name LEEANN CAMPBELL	Street or PO Address 365 E CHUBBUCK RD, SUITE B		City CHUBBUCK	State ID	Country USA	Postal Code 83202
5. Organized Under the Laws of:  <b>ID</b> <b>W 86101</b>		6. Annual Report must be signed.*  Signature: LeeAnn Campbell Name (type or print): LeeAnn Campbell  Date: 07/09/2011 Title: Owner					
Processed 07/09/2011 * Electronically provided signatures are accepted as original signatures.							