No. C 151768	Due no later than Nov 30, 2006	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	JOHN O HOLMAN			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. 2601 POLELINE RD POCATELLO ID 83201				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CARING HEARTS SENIOR CARE, INC. DARREN D WEST 3480 E. CENTER ST.	3. New Registered Agent Signature:*			
	POCATELLO ID 83201-2657				
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).					
Office Held Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT DARREN D	WEST 3480 E. CENTER ST.	POCATELLO	ID		83201-2657
5. Organized Under the Laws of: 6. Annual Report must be signed.*					
IDAHO	Signature: DARREN D WEST Date: 09/12/2006				
C 151768	Name (type or print): DARREN D WEST	Title: PRESIDENT			
Processed 09/12/2006	* Electronically provided signatures are accepted as original signatures.				