No. C 89277			Due no later than May 31, 2009	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			Annual Report Form 1. Mailing Address: Correct in this box if needed. QUALITY CARE COUNTRY ESTATES, INC. JOLENE TUMA 511 MONTE VISTA DR TWIN FALLS ID 83301		JOLENE TUMA 511 MONTE VISTA DR TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
		JOLENE TU 511 MONT						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter	Names and Bu	siness Addresses	of President, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	CHARLES	R TUMA	511 MONTE VISTA DR.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Re	6. Annual Report must be signed.*					
ID		Signature:	Signature: Jolene L. Tuma		Date: 03/23/2009			
C 89277		Name (typ	e or print): Jolene L. Tuma		Title: President			
Processed 03/23/2009		* Electronicall	y provided signatures are accepted as origin	al signatures.				