No. W 51733		Due no later than Jun 30, 2013		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF		Annual Report Form 1. Mailing Address: Correct in this box if needed. CLINICCARE LLC RON P CELNER 6635 E IONA RD IDAHO FALLS ID 83401 USA			RONALD P CELNER 3673 NORTH MAIN ST STE A IONA ID 83427 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mos and Addresses of	at least one Member or Manager					
Office Held	Name	nes and Addresses of	Street or PO Address		City	State	Country	Postal Code
MEMBER	RONALD P CELNER		6635 E IONA RD		IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID W 51733		6. Annual Report must be signed.* Signature: Ron Celner				Date: 04/3	0/2013	
		Name (type or print): Ron Celner			Title: Member			
Processed 04/30/2013 * Electronically provided signatures are accepted as original signatures.								