No. **W 30517**	**Due no later than May 31, 2011** **Annual Report Form**	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 RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** ADAPTIVE CARE SERVICES, LLC STACEY A. GARZA 799 S ORCHARD BOISE ID 83705	STACEY GARZA 799 S ORCHARD BOISE ID 83705 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	STACEY GARZA	5704 MILLSTREAM WAY	BOISE	ID	USA	83714

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 30517**	Signature: Stacey Garza Name (type or print): Stacey Garza	Date: 03/15/2011 Title: Owner /member

Processed 03/15/2011

* Electronically provided signatures are accepted as original signatures.