

No. J 17	Due no later than Sep 30, 2012 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. CARE, LLP KATHLEEN BOESPFLUG PO BOX 4763 BOISE ID 83711 USA		DANIEL R BOESPFLUG 10416 W ROCKWOOD ST BOISE ID 83704			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PARTNER	DANIEL R BOESPFLUG	PO BOX 4763	BOISE	ID	USA	83711
PARTNER	KATHLEEN O BOESPFLUG	PO BOX 4763	BOISE	ID	USA	83711
5. Organized Under the Laws of: ID J 17	6. Annual Report must be signed.* Signature: Kathleen Boespflug Name (type or print): Kathleen Boespflug		Date: 07/12/2012 Title: Member			
Processed 07/12/2012		* Electronically provided signatures are accepted as original signatures.				