No. C 183155		Due no later than May 31, 2011		[:	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. CHAROLAIS CARE VII, INC ROBERT DELOACH 2043 E CENTER STE 212			B ROY PRESCOTT 2043 E CENTER ST STE 212 POCATELLO ID 83201 3. New Registered Agent Signature:*			
				_				
NO FILING FEE IF RECEIVED BY DUE DATE		POCATELLO ID 83201 USA						
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held Nam	e		Street or PO Address		City	State	Country	Postal Code
	JDITH A PRESCOTT YROM R PRESCOTT		110 NORTH 800 EAST 110 NORTH 800 EAST		JEROME JEROME	ID ID	USA USA	83338 83338
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Robert DeLoach			Date: 03/16/2011			
C 183155		Name (type or print): Robert DeLoach			Title: Cfo			
Processed 03/16/2011		* Electronically provided signatures are accepted as original signatures.						