No. W 41516		Due no later than Jul 31, 2013	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 QUAD CARE LLC. BRIDGETTE PRESNELL 429 HARMONY HEIGHTS LOOP OROFINO ID 83544	BRIDGETTE PRESNELL 429 HARMONY HEIGHTS LOOP OROFINO ID 83544 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA				
200 80 9	Name	nes and Addresses of at least one Member or Manager. Street or PO Address	City	State	Country	Postal Code
MEMBER JANIE PRINT			HAMILTON	MT	USA	59840
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Bridgette Presnell	Date: 05/15/2013			
W 41516		Name (type or print): Bridgette Presnell	Title: Owner			
* Electronically provided signatures are accepted as original signatures.						