No. W 71421		Due no later than Feb 29, 2012 Annual Report Form 1. Mailing Address: Correct in this box if needed. SARAH CARE OF BOISE, LLC JACK C HOOPES 7957 N RIVERFRONT DR		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				7957 N RIVER IDAHO FALLS	JACK C HOOPES 7957 N RIVERFRONT DR IDAHO FALLS ID 83401			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		IDAHO FALLS mes and Address		3. <u>New</u> Registere	3. <u>New</u> Registered Agent Signature:*			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER	JACK C HOOPES LORNA E HOOPES		7957 N RIVERFRONT DR 7957 N RIVERFRONT DR	IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83401 83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Lo		Date: 02/20/2012				
W 71421		Name (type o		Title: Member				
Processed 02/20/2012 * Electronically provided signatures are accepted as original signatures.								