

No. <b>W 68749</b>		<b>Due no later than Nov 30, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  COORDINATED CARE SERVICES, LLC MARY BECK 935 CENTENNIAL PL POCATELLO ID 83201 USA		MARY BECK 935 CENTENNIAL PL POCATELLO ID 83201			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> 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	
MANAGER	MARY BECK	935 CENTENNIAL PL	POCATELLO	ID	USA	83201	
MANAGER	MELINDA JAHSMAN	149 S 17TH	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:  <b>ID</b> <b>W 68749</b>		6. Annual Report must be signed.*  Signature: Mary Beck Name (type or print): Mary Beck					
		Date: 09/08/2009 Title: Manager					
Processed 09/08/2009		* Electronically provided signatures are accepted as original signatures.					