

No. W 89496		Due no later than Jan 31, 2012		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		Annual Report Form		EDDY DEVIN 340 COVE RD GRANGEVILLE ID 83530	
		1. Mailing Address: Correct in this box if needed. DEVIN'S HOME CARE LLC BETH KEELER 221 W MAIN STE 5 GRANGEVILLE ID 83530 USA		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	BETH KEELER	221 WEST MAIN SUITE #5	GRANGEVILLE	ID	USA 83530
5. Organized Under the Laws of: ID W 89496		6. Annual Report must be signed.* Signature: Beth Keeler Name (type or print): Beth Keeler Date: 11/07/2011 Title: Manager			
Processed 11/07/2011		* Electronically provided signatures are accepted as original signatures.			