	Due no later than March 31, 2004	2. Registered Agent and Office NO PO BOX
No. W 23325	Annual Report Form	RONALD R HOWLAND
Return to:	Mailing Address - Correct in this box, if applicable	110 S 21ST ST
SECRETARY OF STATE	CARE COORDINATION PROGRAM PLLC	
700 WEST JEFFERSON		PAYETTE, ID 83661
PO BOX 83720 BOISE, ID 83720-0080	110 S 21ST ST	3. New Registered Agent Signature
B0102, 72 321	PAYETTE, ID 83661	
NO FILING FEE IF	PATETIC, ID 00001	The W. Morring
RECEIVED BY DUE DATE	The Managers of Managers	
4. Limited Liability Compa	anies: Enter Names and Addresses of Managers.	City State Zip
Office held Name	T. Howland 110 S. 21 ST. Po	city State 210 Lyette ID 83661
Office held Name Administrator : Clare J	. Howland	
5. Organized Under the Laws o		
5. Organized Under the Laws o		
5. Organized Under the Laws o		ayette ID 83661 avant Date 1/22/04 avant Title Administrator 1030