No. <b>C 185562</b>	Due no later than Dec 31, 2010		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form ROBERT V DELOACH					
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.			275 S. 5TH AVE. LOWER LEVEL POCATELLO ID 83201  3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	GENERATIONS CARE III, INC. ROBERT V DELOACH 275 S. 5TH AVE. LOWER LEVEL POCATELLO ID 83201-6402 USA						
NO FILING FEE IF							
RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Busi	ness Addresses of	President, Secretary, and Directors. Treasu	urer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
FREASURER ROBERT V DELOACH		525 POOLE AVE	POCATELLO	ID	USA	83201	
DIRECTOR LEWIS M		4910 JOHNNY CREEK	POCATELLO	ID	USA	83204	
PRESIDENT JAMES B E	EVERTON	2438 HISKEY STREET	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: 6. Annual Repo		t must be signed.*					
<b>ID</b> Signature: Jar		mes B Everton Date: 01/17/2011					
<b>C 185562</b> Name		ne (type or print): James B Everton Title: President/CEO					
Processed 01/17/2011	* Electronically provided signatures are accepted as original signatures.						