| C 1261 | 61 | Due no later than October 31, 2008 | 2. Registered Agent and Office NO PO BOX |
|---|------------------|---|--|
| NO | | Annual Report Form 1. Mailing Address - Correct in this box. if applicable | BRENT W MUELLER 2860 CHANNING WAY STE W U |
| eturn to: SECRETARY OF 450 NORTH FO PO BOX 83720 BOISE, ID 8372 | URTH STREET | MUELLER CARE CENTER, INC. BRENT W MUELLER 2860 CHANNING WAY STE JAT IDAHO FALLS, ID 83404 | IDAHO FALLS, ID 83404 3. New Registered Agent Signature |
| NO FILING FEE | : IF | | |
| Corporation | ons: Enter Nam | es and Business Addresses of President, Secret | ary and Directors. |
| Office held | Name | Street or P.O. Address MNULLY USUO CHANNING WA | i stu 211 i idano Falls, |
| Ywhay | mun vo. | PINICINAL POSSES AND THE STATE OF THE STATE | 10 8240A |
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| 5. Organized Und | ler the Laws of: | 6. (A) | • |
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