No. C 132647		Due no later than Feb 29, 2012		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. QUALICARE, INC. BART O LARSEN 3539 BRIAR CREEK STE A IDAHO FALLS ID 83406 USA		3539 BRIAR CI IDAHO FALLS	BART O LARSEN 3539 BRIAR CREEK STE A IDAHO FALLS ID 83406 3. New Registered Agent Signature:*			
RECEIVED B	Y DUE DATE		President, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY PRESIDENT			7233 BOWMAN 7233 BOWMAN LN	IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83406 83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 132647		Signature: Bart O Larsen			Date: 12/14/2011			
		Name (type or print): Bart O Larsen			Title: Owner			
Processed 12/14/20	11	* Electronically p	rovided signatures are accepted as origir	nal signatures.				