

No. W 20227		Due no later than Aug 31, 2012		Annual Report Form		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		1. Mailing Address: Correct in this box if needed. INLAND EMPIRE CARE DEVELOPMENT, LLC GARY GHARAMM 2100 E SHERMAN AVE COEUR D ALENE ID 83814		GARY GHARAMM 2100 E SHERMAN AVE COEUR D'ALENE ID 83814		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	GARY GHARAMM	604 S. CANAL ST.	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of: ID W 20227		6. Annual Report must be signed.* Signature: Gary Ghramm Name (type or print): Gary Ghramm Date: 06/13/2012 Title: Manager					
Processed 06/13/2012		* Electronically provided signatures are accepted as original signatures.					