

No. C 60640		Due no later than Mar 31, 2010 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. YELLOWSTONE CARE CENTER, INC. ROBERT M DECKER 3155 RIVER RD S STE 100 SALEM OR 97302		ROBERT M. DECKER 3250 ROLANDET AVE IDAHO FALLS ID 83402		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	RICKI DECKER	2658 WINDMILL COURT S	SALEM	OR	USA	97306
DIRECTOR	PAMELA DECKER	2097 SOUTHAMPTON SE	SALEM	OR	USA	97306
SECRETARY	BRYAN J DECKER	3155 RIVER RD S SUITE 100	SALEM	OR	USA	97302
DIRECTOR	TONY M DECKER	3155 RIVER RD S SUITE 100	SALEM	OR	USA	97302
PRESIDENT	ROBERT M DECKER	3155 RIVER RD S, SUITE 100	SALEM	OR	USA	97302
5. Organized Under the Laws of: OR C 60640		6. Annual Report must be signed.* Signature: Keri Nickerson Name (type or print): Keri Nickerson Date: 03/12/2010 Title: Executive Assistant				
Processed 03/12/2010		* Electronically provided signatures are accepted as original signatures.				