

No. C 170583		Due no later than Dec 31, 2009 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		1. Mailing Address: Correct in this box if needed. A TO Z FAMILY CARE, P.C. PO BOX 1537 TWIN FALLS ID 83301		JANICE CARTER 2086 ADDISON AVE E TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
PRESIDENT	JANIXCE CARTER	PO BOX 1537	TWIN FALLS	ID	USA	83303-1537	
5. Organized Under the Laws of: ID C 170583		6. Annual Report must be signed.* Signature: Janice Carter Name (type or print): Janice Carter Date: 01/14/2010 Title: President					
Processed 01/14/2010 * Electronically provided signatures are accepted as original signatures.							