No. W 83594		Due no later than May 31, 2011	2. Registered Agent and Address (NO PO BOX) KRIS ORMSETH 101 S CAPITOL BLVD STE 1900 BOISE ID 83702 3. New Registered Agent Signature:*				
Return to:		Annual Report Form					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IDAHO STATE REGIONAL CENTER, LLC SIMA MUROFF PO BOX 1110 MCCALL ID 83638					
NO FILING FEE IF RECEIVED BY DUE DATE				3			
4. Limited Liability Comp	oanies: Enter Nan	nes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER SIMA MURO		FF 112 N THIRD ST	MCCALL	ID	USA	83638-8363	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Sima Muroff	Date: 03/22/2011				
W 83594		Name (type or print): Sima Muroff	Title: Manager				
Processed 03/22/2011	* Electronically provided signatures are accepted as original signatures.						