

No. W 12417	Due no later than July 31, 2007 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CHARLAINE HEALTHCARE ENTERPRISES, L 2509 LAURIE LANE TWIN FALLS, ID 83301	CHARLES J HANSEN 2509 LAURIE LANE TWIN FALLS, ID 83301 3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Charles J. Hansen	2509 Laurie Ln, Twin Falls	ID		83301
Member	Elaine D. Hansen	2509 Laurie Ln, Twin Falls	ID		83301

5. Organized Under the Laws of:
IDAHO

6.

Signature

Charles J. Hansen

Date

8/16/07