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|--|--------------|--|-------|---|---------|-------------|--|
| No. W 80057 | | Due no later than Dec 31, 2009 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. JB CARE VALUE LLC JACOB BITTLE 16584 WOODDUCK ST NAMPA ID 83687 | | JACOB BITTLE 16584 WOODDUCK ST NAMPA ID 83687 | | | |
| | | | | 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 | |
| MEMBER | JACOB BITTLE | 16584 WOODDUCK ST | NAMPA | ID | USA | 83687 | |
| 5. Organized Under the Laws of: ID W 80057 | | 6. Annual Report must be signed.* Signature: Jacob Bittle Name (type or print): Jacob Bittle Date: 01/09/2010 Title: Owner | | | | | |
| Processed 01/09/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | | |