

No. <b>W 3531</b>		<b>Due no later than Feb 29, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		TINA SPEARS 330 W CHUBBUCK RD #34 CHUBBUCK ID 83202			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		QUALITY HOME CARE STAFFING SERVICE, LLC TINA SPEARS 258 MCKINLEY AVE POCATELLO ID 83201					
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	TINA SPEARS	1380 JENSEN RD	POCATELLO	ID	USA	83201	
MEMBER	KITA MARAVILLA	258 MCKINLEY	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 3531</b>		Signature: Tina Spears			Date: 02/09/2012		
		Name (type or print): Tina Spears			Title: Owner		
Processed 02/09/2012		* Electronically provided signatures are accepted as original signatures.					