No. W 107135		Due no later than Sep 30, 2012		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		SHAWNA WARNER				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ELEGANT IN HOME CARE, LLC SHAWNA WARNER 1256 WRIGHT AVE		ed.	1256 WRIGHT AVE POCATELLO ID 83202			
		POCATELLO ID 83202			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companie	s: Enter Na	ames and Addresse	s of at least one Member or Manager.					
Office Held N	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER SHAWNA W.		VARNER	1256 WRIGHT AVE.		POCATELLO	ID	USA	83202
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Shawna Warner			Date: 07/13/2012			
W 107135		Name (type or print): Shawna Warner			Title: Manager			
Processed 07/13/2012 * Electronically provided signatures are accepted as original signatures.								