Reinstatement for W 65689

No. W 65689	Reinstatement Annual Report Form ADMIN DISSOLVED 11/06/2008	2. Registered Agent and Office (NOT A P.O. BOX) AARON L ZIMMERMAN ~~2377 CORONADO ST SUITE A~~ ~~IDAHO FALLS ID 83404~~ 2373 Robison Dr. Rexburg, ID 83440
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 **REINSTATEMENT** **FEE DUE: $30.00**	1. Mailing Address: Correct in this box if needed. TOTALCARE IT, LLC AARON L ZIMMERMAN ~~2377 CORONADO ST SUITE A~~ ~~IDAHO FALLS ID 83404~~ 2373 Robison Dr. Rexburg ID 83440	3. New Registered Agent Signature.

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

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Member/Manager	Aaron Zimmerman	2373 Robison Dr.	Rexburg	ID		83440

5. Organized Under the Laws of:	6.
IDAHO W 65689	Signature: Date: 10-6-2010 Name (type or print): Aaron L. Zimmerman Title: member/manager

Issued 06/24/2010 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM