

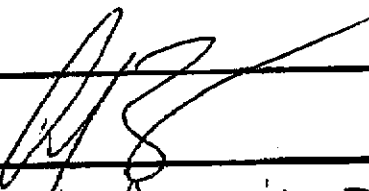
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Idaho Secretary of State

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Reinstatement for W 65689

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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		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. 	
REINSTATEMENT FEE DUE: \$30.00					
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: IDAHO W 65689		6. Signature:  Name (type or print): Aaron L. Zimmerman		Date: 10-6-2010 Title: member/manager	
Issued 06/24/2010 by CLH					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM