No. C 185569	Due no	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:		nual Report Form		ROBERT V DELOACH			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.			275 S. 5TH AVE. LOWER LEVEL POCATELLO ID 83201-6402 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	GENERATIONS CARE V, INC. ROBERT V DELOACH 275 S. 5TH AVE. LOWER LEVEL POCATELLO ID 83201-6402 USA						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Busine	ess Addresses of Pres	ident, Secretary, and Directors. Treas	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER ROBERT V DELOACH		525 POOLE AVE.	POCATELLO	ID	USA	83201	
DIRECTOR LEWIS M CHANDLER		4910 JOHNNY CREEK	POCATELLO	ID	USA	83204	
PRESIDENT JAMES B EVERTON		2438 HISKEY STREET	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: 6. Annual Report must be		st be signed.*					
ID Signature: James B		B Everton	D	Date: 01/17/2011			
C 185569 Name (type or prin		nt): James B Everton	T	Title: President/CEO			
Processed 01/17/2011	* Electronically provided signatures are accepted as original signatures.						