

No. **W 6542**

Due no later than July 31, 2005

## Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

## 1. Mailing Address - Correct in this box, if applicable

HOME CARE ASSOCIATES, L.L.C.  
WAYNE L SCHOONMAKER  
PO BOX 717  
WALLACE, ID 83873WAYNE L SCHOONMAKER  
510 CEDAR ST  
WALLACE, ID 83873**NO FILING FEE IF  
RECEIVED BY DUE DATE**3. New Registered Agent Signature

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

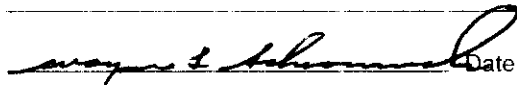
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Kristy S. Schoonmaker	P.O. Box 717	Wallace	ID	83873
Member	Wayne L. Schoonmaker	P.O. Box 717	Wallace	ID	83873

5. Organized Under the Laws of:

IDAHO  
W 6542

6.

Signature



Date July 17, 2005

Name (Typed or  
Printed)

Wayne L. Schoonmaker

Title

Treasurer

Issued 05/02/2005

Do Not Tape or Staple

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