| No. <b>C 181545</b>   | Due no later than Jan 31, 2010  |                      | 2. Registered Agent and Address (NO PO BOX)    |                  |       |         |             |
|---|---|----------------------|--|------------------|-------|---------|-------------|
| Return to:  | Annual Report Form  |                      |  | B ROY PRESCOTT   |       |         |             |
| SECRETARY OF STATE  | 1. Mailing Address: Correct in this box if needed.  CHAROLAIS CARE VI, INC  ROBERT DELOACH  2043 E CENTER |                      | 2043 E CENTER ST STE 212<br>POCATELLO ID 83201 |                  |       |         |             |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080  |   |                      |  |                  |       |         |             |
|   | POCATELLO ID 83201  |                      | 3. New Registered Agent Signature:*            |                  |       |         |             |
| NO FILING FEE IF USA RECEIVED BY DUE DATE   |   |                      |  |                  |       |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). |   |                      |  |                  |       |         |             |
| Office Held Name  |   | Street or PO Address |  | City             | State | Country | Postal Code |
| PRESIDENT BYRON ROY   | PRESCOTT  | 2043 E CENTER        |  | POCATELLO        | ID    | USA     | 83201       |
| 5. Organized Under the Laws of:   | 6. Annual Report must be signed.*   |                      |  |                  |       |         |             |
| ID  | Signature: Robert Deloach   |                      |  | Date: 02/10/2010 |       |         |             |
| C 181545  | Name (type or print): Robert Deloach  |                      | Title: Director Of Accounting                  |                  |       |         |             |
| Processed 02/10/2010  | * Electronically provided signatures are accepted as original signatures.                                 |                      |  |                  |       |         |             |