

No. W 12417	Due no later than Jul 31, 2002 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CHARLAINE HEALTHCARE ENTERPRISES, L 2509 LAURIE LANE TWIN FALLS, ID 83301		CHARLES J HANSEN 2509 LAURIE LANE TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Managing member</td> <td>Charles J. Hansen</td> <td>2509 Laurie Ln,</td> <td>Twin falls,</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>member</td> <td>Elaine D. Hansen</td> <td>2509 Laurie Ln,</td> <td>Twin falls,</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Managing member	Charles J. Hansen	2509 Laurie Ln,	Twin falls,	ID	83301	member	Elaine D. Hansen	2509 Laurie Ln,	Twin falls,	ID	83301
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5. Organized Under the Laws of: IDAHO W 12417	6. Signature <u>Charles J. Hansen</u> Date <u>May 13, 2002</u> Name (Typed or Printed) <u>Charles J. Hansen</u> Title <u>Managing Member</u>																				