No. <b>C 48807</b>		Due no later than Jan 31, 2014			2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  SAWTOOTH QUALITY CARE, INC. CHARLES R TUMA 511 MONTE VISTA DR TWIN FALLS ID 83301-4344			CHARLES R TUMA 511 MONTE VISTA DR TWIN FALLS ID 83301-4344  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE					(cotions)			
	es and Busin Name	ess addresses of Pro	esident, Secretary, and Directors. Treas Street or PO Address		ptionar). City	State	Country	Postal Code
SECRETARY J	JOLENE L TUMA CHARLES R TUMA		511 MONTE VISTA DR 511 MONTE VISTA DR		TWIN FALLS TWIN FALLS	ID ID	USA USA	83301-4344 83301-4344
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 48807		Signature: Charles R Tuma			Date: 11/22/2013			
		Name (type or print): Charles R Tuma			Title: President			
Processed 11/22/2013	* Electronically provided signatures are accepted as original signatures.							