

Annual Report Form
Due No Later Than November 30,

1998

2. Registered Agent and Office NOT A P.O. BOX

Return to:

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

NO FEE REQUIRED

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

VILLAGE CARE LLC

PO BOX 3

GENESEE

ID 83832

CHRISTINE L BERNACCHI
RT 1 BOX 51

GENESEE

ID 83832

3. Organized Under the Laws of:

ID

W 4595

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☒ Members (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

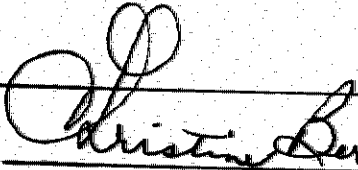
PRESIDENT CHRISTINE BERNACCHI P.O. Box 3 GENESEE, ID 83832
SECRETARY CHARLES BERNACCHI P.O. Box 3 GENESEE, ID 83832

5. Signature of New Registered Agent

6.

Signature

Name (Typed or
Printed)

 9/28/98

CHRISTINE BERNACCHI

Title

ADMINISTRATIVE
4573 PRESIDENT

ISSUED: 07-03-1998

↓ DO NOT TAPE OR STAPLE ↓