

No. <b>W 75341</b>		<b>Due no later than Jun 30, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  HAVENWOOD CAREGIVER SERVICES OF IDAHO, LLC. JOHN O'KEEFFE 2417 NORTH COLE BOISE ID 83704		JOHN O'KEEFFE 2417 NORTH COLE BOISE ID 83704			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	JOHN O'KEEFFE	5096 N BACKWATER AVE	BOISE	ID	USA	83714	
MEMBER	THERESA O'KEEFFE	5096 N BACKWATER AVE	BOISE	ID	USA	83714	
5. Organized Under the Laws of:  <b>ID</b> <b>W 75341</b>		6. Annual Report must be signed.*  Signature: John O'Keefe Name (type or print): John O'Keefe  Date: 04/13/2009 Title: Member					
Processed 04/13/2009 * Electronically provided signatures are accepted as original signatures.							