

No. W 53276		Due no later than Aug 31, 2008		2. Registered Agent and Address (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		Annual Report Form 1. Mailing Address: Correct in this box if needed. L.T.D. HOME CARE LLC KRISTOPHER STICE 1100 NW 12TH ST FRUITLAND ID 83619 USA		CINETA LEE 1401 N WHITLEY DR STE 16 FRUITLAND ID 83619			
				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	CINETA LEE	2770 NW 1ST	NEW PLYMOUTH	ID	USA	83655	
MEMBER	KRISTOPHER STICE	5207 HWY 72	NEW PLYMOUTH	ID	USA	83655	
MEMBER	TODD STICE	302 NW 9TH ST	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of: ID W 53276		6. Annual Report must be signed.* Signature: Kristopher R Stice Name (type or print): Kristopher R Stice Date: 06/19/2008 Title: Director HR					
Processed 06/19/2008		* Electronically provided signatures are accepted as original signatures.					