No. C 145345		Due no later than Sep 30, 2009 Annual Report Form 1. Mailing Address: Correct in this box if needed. CASCADE CARES, INC. GINNY ERNSBERGER 443 LITTLE PEARSOL RD CASCADE ID 83611 USA		2. Registered A	2. Registered Agent and Address (NO PO BOX) GINNY ERNSBERGER 443 LITTLE PEARSOL RD CASCADE ID 83611 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				443 LITTLE F CASCADE II				
4. Corporations: Enter N		l ess Addresses of	President, Secretary, and Directors. Treasu	ırer (optional).			W 90	
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	GINNY ERNSBERGE		443 LITTLE PEARSOL RD	CASCADE	ID	USA	83611	
DIRECTOR			1921 GOLD DUST RD	CASCADE	ID	USA	83611	
SECRETARY MELANIE MU			PO BOX 820	CASCADE	ID	USA	83611	
TREASURER JOHN ERNSE			PO BOX 915	CASCADE	ID	USA	83611	
PRESIDENT	TRUDI HASE	BROUCK	50 HASBROUCK LN	CASCADE	ID	USA	83611	
5. Organized Under the Laws of: 6. A		6. Annual Report must be signed.*						
ID		Signature: Ginny Ernsberger		1	Date: 10/27/2009			
C 145345		Name (type o	or print): Ginny Ernsberger	-	Title: Resident Agent			
Processed 10/27/2009 * Electronically provided signatures are accepted as original signatures.								