No. <b>C 80646</b>		Due no later than Feb 28, 2010		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JAMES M HU	JAMES M HUTCHINGS 1411 FALLS AVE EAST STE 703 TWIN FALLS ID 83301			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		CLEARWATER CARE CENTER, INC. JAMES M HUTCHINGS 1411 FALLS AVE E STE 703		I WIN FALLS	TWIN FALLS ID 65301			
		TWIN FALLS ID 83301		3. New Register	3. New Registered Agent Signature:*			
NO FILING FEE IF		USA						
RECEIVED BY DUE DATE								
4. Corporations: Enter	Names and Busi	ness Addresses of Pr	esident, Secretary, and Directors. Tre	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	DIANE SUE	HUTCHINGS	3254 WOODRIDGE DR.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jam		Date: 01/12/2010				
C 80646		Name (type or p		Title: President				
Processed 01/12/2010 * Electronically provided signatures are accepted as original signatures.								