No. C 160814		Due no later than Jun 30, 2013 Annual Report Form		2. Registered	2. Registered Agent and Address (NO PO BOX) BRUCE F LEVI			
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ICARE MINISTRIES, INC. BRUCE F LEVI PO BOX 762 MERIDIAN ID 83680-0762		NAMPA ID	1115 E. CONNECTICUT AVE NAMPA ID 83686 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nan	nes and Busin	ess Addresses of Pre	esident, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT SECRETARY	BRUCE F. LEVI LARRY A. PATRICK		1115 E. CONNECTICUT AVE. 3351 N. HIGHWOOD PLACE	NAMPA BOISE	ID ID	USA USA	83686 83713	
DIRECTOR	DANIEL A MILHOLLAND		6 NORWOOD COURT	BOISE	ID	USA	83716	
DIRECTOR	ECTOR ANNA J LEVI		1115 E. CONNECTICUT AVE.	NAMPA	ID	USA	83686	
5. Organized Under the Laws of: 6.		6. Annual Report must be signed.*						
ID		Signature: Bruce F. Levi			Date: 04/29/2013			
C 160814		Name (type or print): Bruce F. Levi			Title: President			
Processed 04/29/2013		* Electronically provided signatures are accepted as original signatures.						