

No. W 127407		Due no later than Jul 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. COMMUNITY PARTNERSHIPS OF IDAHO CARE PLUS, LLC 3076 N FIVE MILE RD BOISE ID 83713		KATHERINE L HANSEN 3076 N FIVE MILE RD BOISE ID 83713			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name KATHERINE L HANSEN	Street or PO Address 3076 N. FIVE MILE RD.		City BOISE	State ID	Country USA	Postal Code 83713
5. Organized Under the Laws of: ID W 127407		6. Annual Report must be signed.* Signature: Katherine Hansen Name (type or print): Katherine Hansen Date: 05/12/2014 Title: Managing Member					
Processed 05/12/2014 * Electronically provided signatures are accepted as original signatures.							