No. <b>W 156826</b>		Due no later than Sep 30, 2017	2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if I  ANGEL CARE, PLLC JOHN B GROVER 650 BANNOCK AVE AMERICAN FALLS ID 83211	needed.	UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 BOISE ID 83702  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		nes and Addresses of at least one Member or Mana	ager.	or <u>new</u> registered	- rigene o	ignatal ci	
Office Held	Name	Street or PO Address		City	State	Country	Postal Code
MANAGER	ANAGER JOHN B GROVER			AMERICAN FALLS	S ID	USA	83211
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: John B Grover	Date: 07/30/2017				
W 156826		Name (type or print): John B Grover	Title: CEO				
Processed 07/30/2017 * Electronically provided signatures are accepted as original signatures.							