No. C 60828		Due no later than Apr 30, 2016		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE		Annual Report Form 1. Mailing Address: Correct in this box if needed.		740 W HALLII	MARY E KENNEDY 740 W HALLIDAY POCATELLO ID 83204			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		TENDER LOVING CARE-UNLIMITED, INC. MARY KENNEDY MARY KENNEDY 200 NORTH 15TH, STE B						
NO FILING FEE IF RECEIVED BY DUE DATE		POCATELLO ID 83201		3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter	Names and Busin	ess Addresses of P	resident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	JOANN MAR	TINEZ	2950 CLEARWATER	POCATELLO	ID	USA	83201	
DIRECTOR	CAROL KIRK	PATRICK	1991 SUNRISE WAY	POCATELLO	ID	USA	83201	
DIRECTOR	CINDY MCNABB		860 SPYGLASS PT.	POCATELLO	ID	USA	83204	
DIRECTOR	SUE FARNSWORTH		PO BOX 4881	POCATELLO	ID	USA	83205	
PRESIDENT	STACIE SHOUSE		6080 INDIAN TREE LANE	POCATELLO	ID	USA	83204	
DIRECTOR	JANET LOXTERMAN		5665 ARROWHEAD DR.	POCATELLO	ID	USA	83204	
DIRECTOR	OR ERIN O'LEARY JEPSEN		2349 BUTTE	POCATELLO	ID	USA	83201	
DIRECTOR	TIFFANY OL	SEN	1114 W. 100 S.	BLACKFOOT	ID	USA	83211	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Mary Kennedy			Date: 03/04/2016			
C 60828		Name (type or print): Mary Kennedy			Title: Director			
Processed 03/04/2016	i	* Electronically pro	ovided signatures are accepted as origina	al signatures.				