

No. W 144170	Due no later than Nov 30, 2017 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ANCHORAGE CARE MANAGEMENT, LLC (THE) LYNNE E SMITH PO BOX 1321 EAGLE ID 83616-1321 USA		LYNNE E SMITH 1830 N PALMER LANE EAGLE ID 83616-1321			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	LYNNE E SMITH	1830 N. PALMER LANE P.O. BOX 1321	EAGLE	ID	USA	83616-1321
5. Organized Under the Laws of: ID W 144170		6. Annual Report must be signed.* Signature: Lynne E. Smith Name (type or print): Lynne E. Smith Date: 10/30/2017 Title: Owner/Manager				
Processed 10/30/2017		* Electronically provided signatures are accepted as original signatures.				