

No. <b>C 160814</b>		<b>Due no later than Jun 30, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  ICARE MINISTRIES, INC. 2412 SIERRA DR NAMPA ID 83686		BRUCE F LEVI 2412 SIERRA DR NAMPA ID 83686			
		3. <u>New</u> Registered Agent Signature:*					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ROBERT OBENCHAIN	28726 HWY. 18	ROSWELL	ID	USA	83660	
DIRECTOR	CLEVE CLUCAS	312 GARY AVE.	NOTUS	ID	USA	83656	
DIRECTOR	TOM HIMKA	2918 BUTTERMILK CIRCLE	COLORADO SPRINGS	CO	USA	80918	
DIRECTOR	WILLIAM AUGSBURGER	16066 LATAH DR.	NAMPA	ID	USA	83651	
PRESIDENT	BRUCE F LEVI	2412 SIERRA DR.	NAMPA	ID	USA	83686	
SECRETARY	SANDI J LEVI	2412 SIERRA DR	NAMPA	ID	USA	83686	
DIRECTOR	MATTHEW B LEVI	2412 SIERRA DR.	NAMPA	ID	USA	83686	
DIRECTOR	HARLEY JOHNSON	7161 S 2180 W	WEST JORDAN	UT	USA	84084	
5. Organized Under the Laws of:  <b>ID</b> <b>C 160814</b>		6. Annual Report must be signed.*  Signature: Bruce F. Levi Name (type or print): Bruce F. Levi					
		Date: 04/29/2009 Title: President					
Processed 04/29/2009      * Electronically provided signatures are accepted as original signatures.							