No. C 160814		Due no later than Jun 30, 2015		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			BRUCE F LEVI			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ICARE MINISTRIES, INC. BRUCE F LEVI PO BOX 5096 BOISE ID 83705		BOISE ID	2815 W DILL DR BOISE ID 83705 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nan	nes and Busin	ess Addresses of Pre	esident, Secretary, and Directors. Treasu	ırer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	BRUCE F. LEVI		2815 W DILL DR	BOISE	ID	USA	83705	
SECRETARY	LARRY A. P.	ATRICK	3351 N. HIGHWOOD PLACE	BOISE	ID	USA	83713	
DIRECTOR	DANIEL A M	ILHOLLAND	6 NORWOOD COURT	BOISE	ID	USA	83716	
DIRECTOR	ANNA J CASTENELLO		1817 S. JUNIPER ST. #E-33	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Bruce F. Levi			Date: 06/08/2015			
C 160814		Name (type or print): Bruce F. Levi			Title: President			
Processed 06/08/2015		* Electronically prov	rided signatures are accepted as original	signatures.				