

No. W 70900		Due no later than Jan 31, 2016 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		1. Mailing Address: Correct in this box if needed. IDAHO WORKCARE, LLC GARY CHRISTOPHER WIGHT 203 N HOLMES AVE IDAHO FALLS ID 83401		GARY CHRISTOPHER WIGHT 203 N HOLMES AVE IDAHO FALLS ID 83401			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name WC MANAGEMENT INC	Street or PO Address 203 N HOLMES AVE		City IDAHO FALLS	State ID	Country	Postal Code 83401
5. Organized Under the Laws of: ID W 70900		6. Annual Report must be signed.* Signature: Gary Wight Name (type or print): Gary Wight Date: 01/04/2016 Title: Manager					
Processed 01/04/2016 * Electronically provided signatures are accepted as original signatures.							