

No. W 70900		Due no later than Jan 31, 2016		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		Annual Report Form 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	
				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	WC MANAGEMENT INC	203 N HOLMES AVE	IDAHO FALLS	ID	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.			