No. W 127407		Due no later than Jul 31, 2018		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			KATHERINE L HANSEN 3076 N FIVE MILE RD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. COMMUNITY PARTNERSHIPS OF IDAHO CARE PLUS, LLC 3076 N FIVE MILE RD BOISE ID 83713		BOISE ID	BOISE ID 83713 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registi	ered Agent 3	griature.		
4. Limited Liability Compar	nies: Enter Nar	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	KATHERINE	L HANSEN	3076 N. FIVE MILE RD.	BOISE	ID	USA	83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Michael Lewis		Dat	Date: 05/21/2018			
W 127407		Name (type or print): Michael Lewis		Titl	Title: Finance Director			
Processed 05/21/2018 * Electronically provided signatures are accepted as original signatures.								