

No. <b>W 164724</b>	<b>Due no later than Apr 30, 2017</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> CARING COMPANY LLC CHRISTOPHER ANDREWS 217 E ANTON ST MERIDIAN ID 83646		TAMMY ANDREWS 217 E ANTON ST MERIDIAN ID 83646				
			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	TAMMY ALBERTA ANDREWS	217 E. ANTON ST.	MERIDIAN	ID	USA	83646	
MANAGER	CHRISTOPHER STEPHEN ANDREWS	217 E. ANTON ST	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:  <b>ID</b> <b>W 164724</b>		6. Annual Report must be signed.* Signature: Christopher Andrews Name (type or print): Christopher Andrews			Date: 04/29/2017 Title: Manager		
Processed 04/29/2017		* Electronically provided signatures are accepted as original signatures.					