

No. W 65689	Due no later than Aug 31, 2015 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. TOTALCARE IT, LLC AARON L ZIMMERMAN 525 PARK AVE STE 2B IDAHO FALLS ID 83402 USA		AARON L ZIMMERMAN 525 PARK AVE STE 2B IDAHO FALLS ID 83402			
			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	AARON L ZIMMERMAN	2373 ROBISON DR	REXBURG	ID		83440
MEMBER	JILL A ZIMMERMAN	2373 ROBISON DR	REXBURG	ID		83440
5. Organized Under the Laws of: ID W 65689	6. Annual Report must be signed.* Signature: Aaron L Zimmerman Name (type or print): Aaron L Zimmerman		Date: 07/08/2015 Title: Managing Member			
Processed 07/08/2015		* Electronically provided signatures are accepted as original signatures.				