No. W 118910		Due no later than Nov 30, 2013		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. MASTER CARE, LLC RANDY J MARTY 1276 E MESQUITE CT POST FALLS ID 83854		RANDY MARTY 1276 E MESQUITE CT POST FALLS ID 83854 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		nos and Address	oc of at least one Member or Manager					
	ame	nes and Address	Street or PO Address		City	State	Country	Postal Code
MANAGER MI	ICHELEL D	MARTY	1276 E MESQUITE CT		POST FALLS	ID	USA	83854
5. Organized Under the Laws of: ID W 118910		6. Annual Report must be signed.* Signature: Randy J Marty			Date: 09/23/2013			
No. 100 No.		Name (type or print): Randy J Marty * Electronically provided signatures are accepted as original signatures.						