No. C 197488		Due no later than Feb 28, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. BLUE CROSS OF IDAHO CARE PLUS, INC. STEVE TOBIASON 3000 E PINE AVE MERIDIAN ID 83642		2. Registered A	2. Registered Agent and Address (NO PO BOX) STEVE TOBIASON 3000 E PINE AVE MERIDIAN ID 83642 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				3000 E PINE MERIDIAN II				
		 ess Addresses of Preside	ent, Secretary, and Directors. Treas	 urer (optional).				
Office Held Na	me		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR LIN	LINDA COPPLE TROUT		1821 E. MONTELLO LANE	BOISE	ED	USA	83712	
PRESIDENT CH	RESIDENT CHARLENE M		3000 E PINE AVE	MERIDIAN	ID	USA	83642	
DIRECTOR DA	R DAVE JEPPE		3000 E PINE AVE	MERIDIAN	ID	USA	83642	
SECRETARY ST	EVE TOBI	ASON	3000 E PINE AVE	MERIDIAN	ID	USA	83642	
DIRECTOR TIME	RECTOR TIMOTHY A		450 SOUTH GRANITE WAY	BOISE	ID	USA	83712	
DIRECTOR LAI	URIE HEYE	ĒR	3000 E PINE AVE	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Connie Kelley		Date: 02/16	Date: 02/16/2018			
C 197488		Name (type or print): Connie Kelley		Title: Sr Co	Title: Sr Corporate Paralegal			
Processed 02/16/2018 * Electronically provided signatures are accepted as original signatures.								