

No. C 160814		Due no later than Jun 30, 2017 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		1. Mailing Address: Correct in this box if needed. ICARE MINISTRIES, INC. BRUCE F LEVI PO BOX 5096 BOISE ID 83705		BRUCE F LEVI 2815 W DILL DR BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	BRUCE F. LEVI	2815 W DILL DR	BOISE	ID	USA	83705	
SECRETARY	LARRY A. PATRICK	3351 N. HIGHWOOD PLACE	BOISE	ID	USA	83713	
DIRECTOR	DANIEL A MILHOLLAND	6 NORWOOD COURT	BOISE	ID	USA	83716	
DIRECTOR	ANNA J CASTENELLO	8827 CRYSTAL PORT AVE.	LAS VEGAS	NV	USA	89147	
5. Organized Under the Laws of: ID C 160814		6. Annual Report must be signed.* Signature: BRUCE F LEVI Name (type or print): BRUCE F LEVI					
		Date: 06/25/2017 Title: PRESIDENT					
Processed 06/25/2017 * Electronically provided signatures are accepted as original signatures.							