

No. <b>C 160814</b>		<b>Due no later than Jun 30, 2017</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> ICARE MINISTRIES, INC. BRUCE F LEVI PO BOX 5096 BOISE ID 83705		BRUCE F LEVI 2815 W DILL DR BOISE ID 83705		
				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:  <b>ID C 160814</b>		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.				