No. **W 101358**	**Due no later than Mar 31, 2016** **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.** SEASONS CARE MANAGEMENT, PLLC JULIE K ROBINSON PO BOX 45402 BOISE ID 83711	JULIE K ROBINSON 8003 W. SILKWOOD CT. BOISE ID 83704 3. New 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
MEMBER	JULIE K ROBINSON	8003 W. SILKWOOD CT.	BOISE	ID	USA	83704

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 101358**	Signature: JULIE K. ROBINSON	Date: 05/05/2016
	Name (type or print): JULIE K. ROBINSON	Title: MEMBER

Processed 05/05/2016

* Electronically provided signatures are accepted as original signatures.