| No. W 96296 | | | 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. CARE2SHARE TRAVEL, L.L.C. RAY KOHLMAN 330 E BANNOCK ST #702 BOISE ID 83712 | | RAYMOND W KOHLMAN 330 E BANNOCK ST #702 BOISE ID 83712 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | USA | | | | | |
| 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 |
| MANAGER RAYMOND V | v Kohlman | 330 E. BANNOCK STREET, NO. 702 | BOISE | ID | USA | 83712 |
| 5. Organized Under the Laws of: | 6. Annual Report must | | | | | |
| ID | Signature: Ray Kohlman | | Date: 08/02/2013 | | | |
| W 96296 | Name (type or print): Ray Kohlman | | Title: Owner/Manager | | | |
| Processed 08/02/2013 | * Electronically provided signatures are accepted as original signatures. | | | | | |