

No. J 17		Due no later than Sep 30, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. CARE, LLP KATHLEEN BOESPFLUG PO BOX 4763 BOISE ID 83711 USA		DANIEL R BOESPFLUG 10416 W ROCKWOOD ST BOISE ID 83704			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	DANIEL R BOESPFLUG	PO BOX 4763	BOISE	ID	USA	83711	
PARTNER	KATHLEEN O BOESPLFUG	PO BOX 4763	BOISE	ID	USA	83711	
5. Organized Under the Laws of: ID J 17		6. Annual Report must be signed.* Signature: KathleenBoespflug Name (type or print): KathleenBoespflug Date: 07/11/2014 Title: Partner					
Processed 07/11/2014		* Electronically provided signatures are accepted as original signatures.					