

|  |                   |  |            |  |         |             |
|--|-------------------|--|------------|--|---------|-------------|
| No. <b>C 179667</b>  |                   | <b>Due no later than Aug 31, 2018</b>  |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>                 |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>RES-CARE WASHINGTON, INC.<br>STEVEN S REED<br>9901 LINN STATION RD<br>LOUISVILLE KY 40223-3808 |            | C T CORPORATION SYSTEM<br>921 S ORCHARD ST STE G<br>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 |
| DIRECTOR   | TROY L ROBB       | 9901 LINN STATION ROAD   | LOUISVILLE | KY   | USA     | 40223       |
| VICE PRESIDENT   | TROY L ROBB       | 9901 LINN STATION ROAD   | LOUISVILLE | KY   | USA     | 40223       |
| TREASURER  | JAMES F MATTINGLY | 9901 LINN STATION ROAD   | LOUISVILLE | KY   | USA     | 40223       |
| DIRECTOR   | REXANNE DOMICO    | 9901 LINN STATION ROAD   | LOUISVILLE | KY   | USA     | 40223       |
| PRESIDENT  | REXANNE DOMICO    | 9901 LINN STATION ROAD   | LOUISVILLE | KY   | USA     | 40223       |
| SECRETARY  | STEVEN S REED     | 9901 LINN STATION RD   | LOUISVILLE | KY   | USA     | 40223-3808  |
| DIRECTOR   | MEGAN LORENZ      | 9901 LINN STATION ROAD   | LOUISVILLE | KY   | USA     | 40223       |
| 5. Organized Under the Laws of:<br><br><b>DE<br/>C 179667</b>  |                   | 6. Annual Report must be signed.*<br>Signature: Steven S Reed<br>Name (type or print): Steven S Reed<br><br>Date: 07/17/2018<br>Title: Secretary   |            |  |         |             |
| Processed 07/17/2018   |                   | * Electronically provided signatures are accepted as original signatures.  |            |  |         |             |