

No. W 126108	Reinstatement Annual Report Form ADMIN DISSOLVED 09/22/2015		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CARE CONNECTION OF IDAHO, L.L.C. AMBER DAWN DAVIS 215 N. 9TH ST. SUITE F. POCATELLO ID 83204 U.S.A. 83201	AMBER DAVIS 155 VALLEYVIEW DR POCATELLO ID 83204 <i>address is the same as mailing</i>																																				
		3. <u>New</u> Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td><td colspan="6">Amber Davis (see above address for mailing)</td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td colspan="6"></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td colspan="6"></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td colspan="6"></td></tr></tbody></table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Amber Davis (see above address for mailing)						Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 126108	6. Signature: <i>Amber Davis</i> Name (type or print): <i>[Signature]</i>			Date: 10-5-15 Title: OWNER																																		

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