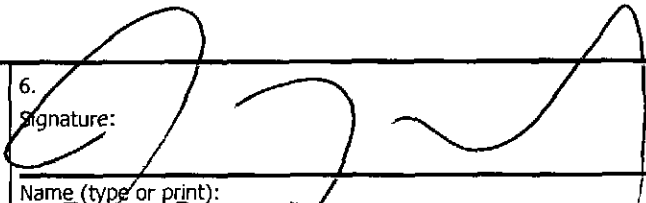


No. W 37530	Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017		2. Registered Agent and Office (NOT A P.O. BOX) TROY BRAMFIELD <i>Brumfield</i> 2725 CHANNING WAY IDAHO FALLS ID 83404 <i>*spelling correction</i>																	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. COMMUNITY CARE LEASING, L.L.C. TROY R BRUMFIELD 2725 CHANNING WAY IDAHO FALLS ID 83404		3. <u>New</u> Registered Agent Signature. 																	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%; text-align: left;">Manager or Member</th> <th style="width: 20%; text-align: left;">Name</th> <th style="width: 20%; text-align: left;">Street or PO Address</th> <th style="width: 10%; text-align: left;">City</th> <th style="width: 10%; text-align: left;">State</th> <th style="width: 10%; text-align: left;">Country</th> <th style="width: 10%; text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6" rowspan="4" style="text-align: center; vertical-align: middle; font-size: 1.5em;">See attached</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input type="checkbox"/>	See attached						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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Manager <input type="checkbox"/> Member <input type="checkbox"/>																				
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center;">W 37530</div>	6. Signature:  <hr/> Name (type or print): <i>Troy Brumfield</i>		Date: <div style="text-align: center; font-size: 1.2em;">7-7-17</div> <hr/> Title: <div style="text-align: center; font-size: 1.2em;">D.O.</div>																	

Issued 07/05/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

MEMBER	TROY R BRUMFIELD	356 LA COSTA DR	IDAHO FALLS	ID		83401
MEMBER	DEREK CAMPBELL	638 DELL DRIVE	REXBURG	ID	USA	83440
MEMBER	DAVID DANIELS	205 MARTANNE DRIVE	REXBURG	ID	USA	83440
MEMBER	SCOTT PACKER	7584 S. 8TH W.	IDAHO FALLS	ID	USA	83402
MEMBER	JAMES F MAGUIRE	3015 S. 2810 W.	REXBURG	ID	USA	83440