

No. W 70900	Due no later than Jan 31, 2015 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. IDAHO WORKCARE, LLC GARY CHRISTOPHER WIGHT 203 N HOLMES AVE IDAHO FALLS ID 83401		GARY CHRISTOPHER WIGHT 203 N HOLMES AVE IDAHO FALLS 83401			
			3. <u>New</u> Registered Agent Signature:*			
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	WC MANAGEMENT INC	203 N HOLMES AVE	IDAHO FALLS	ID		83401
5. Organized Under the Laws of: ID W 70900		6. Annual Report must be signed.* Signature: Gary C Wight Name (type or print): Gary C Wight		Date: 12/10/2014 Title: Manager		
Processed 12/10/2014		* Electronically provided signatures are accepted as original signatures.				