No. C 203040		Due no later than Aug 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. PD CARES, INC. 1022 EAST LINCOLN ROAD IDAHO FALLS ID 83401		2. Registered Ag	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				1022 EAST LI IDAHO FALLS	GARRETT MEIKLE 1022 EAST LINCOLN ROAD IDAHO FALLS ID 83401 3. New Registered Agent Signature:*			
4. Corporations: Enter	Names and Busin	ess Addresses of Pre	esident, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	DIRECTOR JACK MEIKLE		1022 EAST LINCOLN ROAD	IDAHO FALLS	ID		83401	
DIRECTOR CURTIS SIM		IMONS	39 PROFESSIONAL PLAZA	REXBURG	ID		83440	
DIRECTOR	GARRETT B	MEIKLE	1022 EAST LINCOLN ROAD	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 203040		Signature: Jack K Meikle			Date: 06/26/2017			
		Name (type or print): Jack K Meikle			Title: Director			
Processed 06/26/2017		* Electronically provided signatures are accepted as original signatures.						