

No. C 124009		Due no later than May 31, 2010		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. CARE SOURCE, INC. MARGARET WOLFE 55 S MIDLAND BLVD NAMPA ID 83651 USA		DOUGLAS YARBROUGH 55 S MIDLAND BLVD NAMPA ID 83651		
				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	STEVE FEASTER-EYCHISON	55 S. MIDLAND BLVD	NAMPA	ID	USA	83651
DIRECTOR	SHELLY HANSEN	304 W. STATE STREET	BOISE	ID	USA	83702
DIRECTOR	JUNE ROBERTSON	11792 HENSEN	NAMPA	ID	USA	83651
PRESIDENT	MARGARET WOLFE	1108 7TH STREET S. APT 604	NAMPA	ID	USA	83651
SECRETARY	JESSICA RESSENDEZ	11190 SILVER RIVER LOOP	NAMPA	ID	USA	83686
TREASURER	RYLEEN HINKLE	55 S. MIDLAND BLVD	NAMPA	ID	USA	83651
DIRECTOR	CRAIG DIEBOLT	324 W. LOGAN APT #110	CALDWELL	ID	USA	83605
DIRECTOR	LEORA RAMIREZ	55 S. MIDLAND BLVD	NAMPA	ID	USA	83651
DIRECTOR	LAURA CREEH	3017 BANNONCK AVE	NAMPA	ID	USA	83686
DIRECTOR	ELLEN FRETZ	1405 ELDORAN DR	NAMPA	ID	USA	83651
5. Organized Under the Laws of: ID C 124009		6. Annual Report must be signed.* Signature: Margaret Wolfe Name (type or print): Margaret Wolfe Date: 05/13/2010 Title: President				
Processed 05/13/2010		* Electronically provided signatures are accepted as original signatures.				