

No. C 179328		Due no later than Jul 31, 2018 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. RES-CARE IDAHO, INC. STEVEN S REED 9901 LINN STATION RD LOUISVILLE KY 40223-3808		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
						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	
VICE PRESIDENT	SHERRY PEMBERTON	9901 LINN STATION ROAD	LOUISVILLE	KY	USA	40223	
VICE PRESIDENT	ROBERT A KOCH	9901 LINN STATION ROAD	LOUISVILLE	KY	USA	40223	
PRESIDENT	REXANNE DOMICO	9901 LINN STATION ROAD	LOUISVILLE	KY	USA	40223	
DIRECTOR	SHERRY PEMBERTON	9901 LINN STATION ROAD	LOUISVILLE	KY	USA	40223	
DIRECTOR	ROBERT A KOCH	9901 LINN STATION ROAD	LOUISVILLE	KY	USA	40223	
DIRECTOR	REXANNE DOMICO	9901 LINN STATION ROAD	LOUISVILLE	KY	USA	40223	
SECRETARY	STEVEN S REED	9901 LINN STATION RD	LOUISVILLE	KY	USA	40223-3808	
DIRECTOR	MEGAN LORENZ	9901 LINN STATION ROAD	LOUISVILLE	KY	USA	40223	
5. Organized Under the Laws of: DE C 179328		6. Annual Report must be signed.* Signature: Steven S Reed Name (type or print): Steven S Reed					
		Date: 07/17/2018 Title: Secretary					
Processed 07/17/2018		* Electronically provided signatures are accepted as original signatures.					