

No. W 120139	Due no later than Dec 31, 2014 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. MYMOBILECARE, LLC PAUL HANSON 1920 E 17TH ST STE 208 IDAHO FALLS ID 83404		PAUL HANSON 1920 E 17TH ST SUITE 208 IDAHO FALLS 83404				
			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	
MEMBER	KYLE HANSON	1920 E 17TH STREET SUITE 208	IDAHO FALLS	ID	USA	83404	
MEMBER	PAUL HANSON	1920 E 17TH STREET SUITE 208	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID W 120139	6. Annual Report must be signed.* Signature: Paul Hanson Name (type or print): Paul Hanson		Date: 11/07/2014 Title: Member				
Processed 11/07/2014		* Electronically provided signatures are accepted as original signatures.					