No. W 121975		Due no later than Feb 28, 2014		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		LINDA K WEISS				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CARE CONNECTION ADULT DAY SERVICES, LLC LINDA K WEISS 1425 POWERS AVE LEWISTON ID 83501		1425 POWERS AVE LEWISTON ID 83501 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp.	anies: Enter Na	mes and Addres	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	MEMBER LINDA K WEIS		1425 POWERS AVE		LEWISTON	ID	USA	83501
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Linda K Weiss			Date: 02/28/2014			
W 121975		Name (type or print): Linda K Weiss			Title: Owner			
Processed 02/28/2014 * Electronically provided signatures are accepted as original signatures.								