

No. <b>W 65689</b>		<b>Due no later than Aug 31, 2017</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		AARON L ZIMMERMAN 525 PARK AVE STE 2B IDAHO FALLS ID 83402	
		<b>1. Mailing Address: Correct in this box if needed.</b> TOTALCARE IT, LLC AARON L ZIMMERMAN 525 PARK AVE STE 2B IDAHO FALLS ID 83402		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
MANAGER	AARON L ZIMMERMAN	2373 ROBISON DR	REXBURG	ID	83440
MEMBER	JILL A ZIMMERMAN	2373 ROBISON DR	REXBURG	ID	83440
5. Organized Under the Laws of:  <b>ID W 65689</b>		6. Annual Report must be signed.* Signature: Aaron Zimmerman Name (type or print): Aaron Zimmerman Date: 07/05/2017 Title: Manager, CEO			
Processed 07/05/2017		* Electronically provided signatures are accepted as original signatures.			