

No. <b>C 198666</b>		<b>Due no later than Jun 30, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  CARE TEAM INC. (THE) BRIAN BOTHWELL PO BOX 2540 HAILEY ID 83333 USA		BRIAN BOTHWELL 292 E WINTERBERRY LP HAILEY ID 83333			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
PRESIDENT	BRIAN BOTHWELL	292 WINTERBERRY LOOP	PO BOX 2540	HAILEY	ID	USA	83333
5. Organized Under the Laws of:  <b>ID</b> <b>C 198666</b>		6. Annual Report must be signed.*  Signature: Brian Bothwell Name (type or print): Brian Bothwell  Date: 04/22/2014 Title: President					
Processed 04/22/2014      * Electronically provided signatures are accepted as original signatures.							