

FILED EFFECTIVE

| No. W 96925 | Reinstatement Annual Report Form ADMIN DISSOLVED 01/25/2016 | | 2. Registered Agent and Office (NOT A P.O. BOX) GENENE L FISHBURN 5486 N SUN SHIMMER AVE MERIDIAN ID 83646 <i>715 N. Mitchell st</i> <i>BOISE ID 83704</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|-------|-------------------|-------------|----------------------|------|-------|---------|-------------|---|--------------------|--------------------|-------|----|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00 | 1. Mailing Address: Correct in this box if needed. COMFORT AND CARE, LLC GENENE L FISHBURN 5486 N SUN SHIMMER AVE MERIDIAN ID 83646 <i>PMB #40</i> <i>1740 E Fairview ave</i> <i>meridian ID 83642</i> | | 3. <u>New</u> Registered Agent Signature. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Genene L. Fishburn</td> <td>715 N. Mitchell st</td> <td>Boise</td> <td>ID</td> <td></td> <td>83704</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Genene L. Fishburn | 715 N. Mitchell st | Boise | ID | | 83704 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Genene L. Fishburn | 715 N. Mitchell st | Boise | ID | | 83704 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 96925 | | 6. Signature: <i>Genene L Fishburn</i> Date: <i>9/1/2016</i> <hr/> Name (type or print): <i>Genene L. Fishburn</i> Title: <i>owner/manager</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |