

No. <b>W 185699</b>		<b>Due no later than Jul 31, 2018</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> COMPASSIONATE CARE FAMILY SERVICES LLC SHARON BROOKE HURT PO BOX 124 AMERICAN FALLS ID 83211		JON HURT 851 N ARTHUR AVE POCATELLO ID 83204	
				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	SHARON BROOKE HURT	PO BOX 124	AMERICAN FALLS	ID	USA 83211
5. Organized Under the Laws of:  <b>ID W 185699</b>		6. Annual Report must be signed.* Signature: Jon Paul Hurt Name (type or print): Jon Paul Hurt Date: 08/13/2018 Title: Administrative Director			
Processed 08/13/2018		* Electronically provided signatures are accepted as original signatures.			