No. C 197776		EN MANAGEMENT DISTRICT DAMAGEMENT TO THE REPORT OF THE PROPERTY OF THE PROPERT		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. CARE EXPERT, INC. (THE) KEITH C FLETCHER 4334 BRIGHT ANGEL AVE MERIDIAN ID 83646		4334 BRIGHT MERIDIAN II	KEITH C FLETCHER 4334 BRIGHT ANGEL AVE MERIDIAN ID 83646 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ess Addresses of	President Secretary and Directors Trea	surer (ontional)				
Office Held	Name	cos / taal coscs of	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	KEITH C FLETCHER		4334 BRIGHT ANGEL AVE	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: MARK ELLISON		Date:	Date: 01/24/2017			
C 197776		Name (type or print): MARK ELLISON		Title:	Title: Authorized Person			
Processed 01/24/2017	* Electronically provided signatures are accepted as original signatures.							