

| | | | | | | |
|--|---------------|--|-------|--|---------|-------------|
| No. C 193076 | | Due no later than Dec 31, 2016 | | 2. Registered Agent and Address (NO PO BOX) | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. CARE PROVIDERS NETWORK OF IDAHO, INC. EVA BLECHA 12502 SMITH AVE NAMPA ID 83672 | | EVA BLECHA 12502 SMITH AVE NAMPA ID 83672 | | |
| | | | | 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 | LEROY SMITH | 12502 SMITH AVE | NAMPA | ID | USA | 83672 |
| VICE PRESIDENT | EVA BLECHA | 12502 SMITH AVE | NAMPA | ID | USA | 83672 |
| SECRETARY | BECKY SOLDERS | 12502 SMITH AVE | NAMPA | ID | USA | 83672 |
| TREASURER | BECKY SOLDERS | 12502 SMITH AVE | NAMPA | ID | USA | 83672 |
| 5. Organized Under the Laws of: ID C 193076 | | 6. Annual Report must be signed.* Signature: Eva Blecha Name (type or print): Eva Blecha Date: 12/19/2016 Title: Vice President | | | | |
| Processed 12/19/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | |