

No. C 146397		Due no later than Nov 30, 2016 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. ADVOCARE, INC. KARIN FRY 4154 EAST 100 NORTH RIGBY ID 83442		KARIN FRY 4154 E 100 N RIGBY ID 83442			
						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	
SECRETARY	KARIN FRY	4154 E 100 N	RIGBY	ID	USA	83442	
TREASURER	BRIAN ALLEN	1005 BLAINE	IDAHO FALLS	ID	USA	83402	
DIRECTOR	KARIN FRY	4154 E 100 N	RIGBY	ID	USA	83442	
5. Organized Under the Laws of: ID C 146397		6. Annual Report must be signed.* Signature: KARIN FRY Name (type or print): KARIN FRY					
		Date: 11/30/2016 Title: Director					
Processed 11/30/2016 * Electronically provided signatures are accepted as original signatures.							