No. <b>W 106615</b>		Due no later than Sep 30, 2016		2. Registered	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.  COMMUNITY CARE POCATELLO, P.L.L.C. 2725 CHANNING WAY IDAHO FALLS ID 83404		2725 CHAN IDAHO FALI	TROY BRUMFIELD 2725 CHANNING WAY IDAHO FALLS ID 83404  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses o	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	MEMBER TROY BRUMFIELD		2725 CHANNING WAY	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Brittany Russell			Date: 10/31/2016			
W 106615		Name (type or print): Brittany Russell			Title: Administrator			
Processed 10/31/2016 * Electronically provided signatures are accepted as original signatures.								