

No. <b>W 4644</b>	<b>Due no later than Sep 30, 2017</b> <b>Annual Report Form</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> SCOTT COMMUNITY CARE, PLLC WILLIAM K SCOTT 507 OREGON ST DEARY ID 83823		MELANIE J SCOTT 507 OREGON ST DEARY ID 83823-0307			
			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	MELANIE J SCOTT	507 OREGON ST	DEARY	ID		83823
5. Organized Under the Laws of:  <b>ID</b> <b>W 4644</b>		6. Annual Report must be signed.* Signature: Wm. Keith Scott Name (type or print): Wm. Keith Scott		Date: 10/31/2017 Title: Treasurer		
Processed 10/31/2017		* Electronically provided signatures are accepted as original signatures.				