No. C 179667		Due no later than Aug 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. RES-CARE WASHINGTON, INC. STEVEN S REED 9901 LINN STATION RD LOUISVILLE KY 40223-3808		2. Registered A	2. Registered Agent and Address (NO PO BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				921 S ORCH BOISE ID 8				
4. Corporations: Enter N	Names and Busin	l ess Addresses of Pre	esident, Secretary, and Directors. Treas					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	FLANNA PER		9901 LINN STATION ROAD	LOUISVILLE	KY	USA	40223	
DIRECTOR	MARK PIETR		9901 LINN STATION ROAD	LOUISVILLE	KY	USA	40223	
VICE PRESIDENT			9901 LINN STATION ROAD	LOUISVILLE	KY	USA	40223	
PRESIDENT	MARK PIETR		9901 LINN STATION ROAD	LOUISVILLE	KY	USA	40223	
SECRETARY	STEVEN S F		9901 LINN STATION RD	LOUISVILLE	KY	USA	40223-3808	
DIRECTOR			9901 LINN STATION ROAD	LOUISVILLE	KY	USA	40223-3808	
TREASURER	JOLENE VAR	NEY	9901 LINN STATION ROAD	LOUISVILLE	KY	USA	40223-3808	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE		Signature: Steven S. Reed			Date: 06/20/2016			
C 179667		Name (type or print): Steven S. Reed			Title: Secretary			
Processed 06/20/2016		* Electronically provided signatures are accepted as original signatures.						