

No. <b>W 101555</b>		<b>Due no later than Mar 31, 2018</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>1. Mailing Address: Correct in this box if needed.</b>  CARE FOR LIVING, LLC VICTORIA E SAVAGE 2225 E. LOCUST ST EMMETT ID 83617		VICTORIA SAVAGE 2225 E LOCUST ST EMMETT ID 83617			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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 MANAGER	JEFFREY C SAVAGE VICTORIA SAVAGE	2225 E. LOCUST ST 2225 E. LOCUST ST	EMMETT	ID	USA	83617-2856	
EMMETT	ID	USA	83617				
5. Organized Under the Laws of:  <b>ID</b> <b>W 101555</b>		6. Annual Report must be signed.*  Signature: Victoria Savage Name (type or print): Victoria Savage					
		Date: 03/08/2018 Title: Manager					
Processed 03/08/2018		* Electronically provided signatures are accepted as original signatures.					