

No. <b>C 193076</b>		<b>Due no later than Dec 31, 2015</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>  CARE PROVIDERS NETWORK OF IDAHO, INC. EVA BLECHA 12502 SMITH AVE NAMPA ID 83672		EVA BLECHA 12502 SMITH AVE NAMPA ID 83672			
						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	
PRESIDENT	LEROY SMITH	12502 SMITH AVE	NAMPA	ID	USA	83672	
VICE PRESIDENT	EVA BLECHA	12502 SMITH AVE	NAMPA	ID	USA	83672	
SECRETARY	WAYNE E BURIAN	12502 SMITH AVE	NAMPA	ID	USA	83672	
TREASURER	THERESA CROWTHER	12502 SMITH AVE	NAMPA	ID	USA	83672	
5. Organized Under the Laws of:  <b>ID</b> <b>C 193076</b>		6. Annual Report must be signed.*  Signature: Eva Blecha Name (type or print): Eva Blecha					
		Date: 12/30/2015 Title: Vice President					
Processed 12/30/2015      * Electronically provided signatures are accepted as original signatures.							