

No. <b>C 211176</b>		<b>Due no later than Sep 30, 2017</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  JM CARE PLAN, INC. BRYON NELSON 24 JEWELERS PARK DR NEENAH WI 54956		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713		
				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
DIRECTOR	BRYON NELSON	24 JEWELERS PARK DRIVE	NEENAH	WI	USA	54956
DIRECTOR	D SCOTT MURPHY	24 JEWELERS PARK DRIVE	NEENAH	WI	USA	54956
DIRECTOR	MICHAEL ALEXANDER	24 JEWELERS PARK DRIVE	NEENAH	WI	USA	54956
PRESIDENT	D SCOTT MURPHY	24 JEWELERS PARK DRIVE	NEENAH	WI	USA	54956
SECRETARY	MARK WILLSON	24 JEWELERS PARK DR	NEENAH	WI		54956
5. Organized Under the Laws of:  <b>WI C 211176</b>		6. Annual Report must be signed.*  Signature: Kimberly Kuen Name (type or print): Kimberly Kuen  Date: 09/11/2017 Title: Legal & Compliance Coordinator				
Processed 09/11/2017		* Electronically provided signatures are accepted as original signatures.				