

No. W 116194		Due no later than Aug 31, 2015		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. MICARE, LLC STACEY LOUCKS 2075 OVERLAND AVE BILLINGS MT 59102		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705	
				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	EMPLOYEE BENEFIT MANAGEMENT SE	2075 OVERLAND AVENUE	BILLINGS	MT	USA 59102
5. Organized Under the Laws of: MT W 116194		6. Annual Report must be signed.* Signature: Kevin Larson Name (type or print): Kevin Larson Date: 06/23/2015 Title: President			
Processed 06/23/2015		* Electronically provided signatures are accepted as original signatures.			