

No. W 116194		Due no later than Aug 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name EMPLOYEE BENEFIT MANAGEMENT SE	Street or PO Address 2075 OVERLAND AVENUE		City BILLINGS	State MT	Country USA	Postal Code 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.							