

No. W 168619		Due no later than Jun 30, 2017 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. BEST CARE LLC BRENT LEAVITT 5776 E SAGEWOOD DR IDAHO FALLS ID 83406		BRENT LEAVITT 5776 E SAGEWOOD DR IDAHO FALLS ID 83406			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	BRENT LEAVITT	5776 E SAGEWOOD DRIVE	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of: ID W 168619		6. Annual Report must be signed.* Signature: brent leavitt Name (type or print): brent leavitt					
		Date: 05/01/2017 Title: vice president					
Processed 05/01/2017 * Electronically provided signatures are accepted as original signatures.							