No. C 153091  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Feb 28, 2018 Annual Report Form  1. Mailing Address: Correct in this box if needed.  CARE AT HOME, INC. EDDIE NORRIS	2. Registered Agent and Address (NO PO BOX)  EDDIE NORRIS 929 NW 16TH ST FRUITLAND ID 83619			
		929 NW 16TH ST. FRUITLAND ID 83619	3. New 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
	E NORRI E NORRI		SALT LAKE CITY SALT LAKE CITY	UT UT	USA USA	84102 84102
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Coreen Smiley	Date: 02/26/2018			
C 153091		Name (type or print): Coreen Smiley	Title: Controller			
Processed 02/26/2018	,	* Electronically provided signatures are accepted as original signatures.				