No. C 210210		Due no later than Jun 30, 2018	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	CARI R GILBERT 4840 N ROSEPOINT WAY STE C BOISE ID 83713			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ICARE VOCATIONAL SUPPORTS, INC. CARI R GILBERT 4840 N ROSEPOINT WAY				
NO FILING FEE IF RECEIVED BY DUE DATE		STE C BOISE ID 83713 USA	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
PRESIDENT CARI R GILI		BERT 8116 OPEN SKY RD	MIDDLETON	ID	USA	83644
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Cari R Gilbert	Date: 05/30/2018			
C 210210		Name (type or print): Cari R Gilbert	Title: President			
Processed 05/30/2018 * Electronically provided signatures are accepted as original signatures.						