

No. W 134295	Due no later than Feb 29, 2016 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. GERIATRIC CARE CONSULTANTS, PLLC TAMARA ANN AVELLA 12320 N UPPER RIDGE PLACE BOISE ID 83714		ALLAN R BOSCH 205 N 10TH ST 4TH FL BOISE ID 83702			
			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
MANAGER	TAMARA ANN AVELLA	12320 N UPPER RIDGE PLACE	BOISE	ID	USA	83714
5. Organized Under the Laws of: ID W 134295	6. Annual Report must be signed.* Signature: Tamara Ann Avella Name (type or print): Tamara Ann Avella		Date: 01/21/2016 Title: Owner			
Processed 01/21/2016		* Electronically provided signatures are accepted as original signatures.				