

No. C 170583		Due no later than Dec 31, 2014 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. A TO Z FAMILY CARE, P.C. JANICE CARTER 2086 ADDISON AVE E TWIN FALLS ID 83301 USA		JANICE CARTER 2086 ADDISON AVE E TWIN FALLS 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				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	JANICE CARTER	2086 ADDISON AVE E		TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 170583		6. Annual Report must be signed.* Signature: Myka Name (type or print): Myka Date: 12/02/2014 Title: Office Manger					
Processed 12/02/2014 * Electronically provided signatures are accepted as original signatures.							