

No. W 127714	Due no later than Jul 31, 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		VALEN ZAHARIE 5743 E SHORELINE DR POST FALLS ID 83854			
	VALRON CARE MANAGEMENT LLC RON GLAUSER 5743 E SHORELINE DR POST FALLS ID 83854		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	VALERI M. ZAHARIE	5743 E. SHORELINE DRIVE	POST FALLS	ID	USA	83854
5. Organized Under the Laws of: ID W 127714		6. Annual Report must be signed.* Signature: Zaharie Name (type or print): Zaharie Date: 05/22/2017 Title: Member				
Processed 05/22/2017		* Electronically provided signatures are accepted as original signatures.				