

No. <b>W 127714</b>		<b>Due no later than Jul 31, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  VALRON CARE MANAGEMENT LLC RON GLAUSER 5743 E SHORELINE DR POST FALLS ID 83854		VALEN ZAHARIE 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:		6. Annual Report must be signed.*					
<b>ID W 127714</b>		Signature: Zaharie				Date: 05/22/2017	
		Name (type or print): Zaharie				Title: Member	
Processed 05/22/2017		* Electronically provided signatures are accepted as original signatures.					