No. **W 5788**	**Due no later than Mar 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.** CARE CONNECTION, L.L.C. LINDA KAY WEISS 64 SAGEBRUSH LN LEWISTON ID 83501	LINDA KAY WEISS 64 SAGEBRUSN LN LEWISTON ID 83501 3. New 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	LINDA KAY WEISS	64 SAGEBRUSH LN	LEWISTON	ID		83501
MEMBER	MICHAEL JOHN WEISS	64 SAGEBRUSH LN	LEWISTON	ID		83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 5788**	Signature: michael j weiss	Date: 02/10/2017
	Name (type or print): michael j weiss	Title: member

Processed 02/10/2017

* Electronically provided signatures are accepted as original signatures.