

No. W 37245	Due no later than Mar 31, 2015 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.		ROBERT COLLETTE 3470 WASHINGTON PARKWAY IDAHO FALLS ID 83404			
	PERSONAL CARE SERVICES, LLC ROBERT COLLETTE PO BOX 3881 IDAHO FALLS ID 83403 USA		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	LIAHONA INC	5238 SOUTH 11TH EAST	IDAHO FALLS	ID		83404
5. Organized Under the Laws of: ID W 37245		6. Annual Report must be signed.* Signature: ROBERT COLLETTE Name (type or print): ROBERT COLLETTE Date: 01/16/2015 Title: FOR MEMBER				
Processed 01/16/2015		* Electronically provided signatures are accepted as original signatures.				