No. C 141328		Due no later than Nov 30, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. COMPCARE, INC. BRANDEN RAFAEL BEIER 150 126TH ST STE B OROFINO ID 83544 USA		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) BRANDEN R BEIER 524 BRYDEN AVE LEWISTON ID 83501 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				524 BRYDEN A				
4. Corporations: Enter Na	mes and Busin	ess Addresses of Presid	ent, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT VICE PRESIDENT SECRETARY TREASURER DIRECTOR	BRANDEN R. AMANDA C KELLIE M FF BRANDEN R BRANDEN R	BEIER RASIER BEIER	1533 VINEYARD DR 1533 VINEYARD DRIVE 1519 MAIN STREET 150 126TH STREET SUITE B 150 126TH STREET SUITE B	LEWISTON LEWISTON LEWISTON OROFINO OROFINO	ID ID ID ID	USA USA USA USA USA	83501 83501 83501 83544 83544	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 141328		Signature: Branden		Date: 12/23/2013				
		Name (type or print)		Title: President				
Processed 12/23/2013 * Electronically provided signatures are accepted as original signatures.								