

No. <b>C 175873</b>		<b>Due no later than Nov 30, 2015</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  PALOUSE CARES INC. RICK D MINARD 216 SUNRISE DR MOSCOW ID 83843 USA		RICK MINARD 216 SUNRISE DR MOSCOW ID 83843			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	BOBBY SHORES	1197 LYON ROAD	MOSCOW	ID	USA	83843	
DIRECTOR	BARB SHORES	1197 LYON ROAD	MOSCOW	ID	USA	83843	
PRESIDENT	RICK D MINARD	216 SUNRISE	MOSCOW	ID	USA	83843	
DIRECTOR	DON FREI	1031 TOLO TRAIL	MOSCOW	ID	USA	83843	
DIRECTOR	KURT SCHWENDIMAN	1748 SOUTH BLAINE STREET	MOSCOW	ID	USA	83843	
DIRECTOR	GREG MEYER	505 N GRANT	MOSCOW	ID	USA	83843	
DIRECTOR	MISTY FUNKE	744 SOUTH LOGAN	MOSCOW	ID	USA	83843	
DIRECTOR	KARA LANGE	605 INDIAN HILLS DRIVE #11	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:  <b>ID</b> <b>C 175873</b>		6. Annual Report must be signed.*  Signature: Rick Minard Name (type or print): Rick Minard					
		Date: 10/05/2015 Title: President					
Processed 10/05/2015      * Electronically provided signatures are accepted as original signatures.							