

No. C 197776		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. CARE EXPERT, INC. (THE) KEITH C FLETCHER 4334 BRIGHT ANGEL AVE MERIDIAN ID 83646		KEITH C FLETCHER 4334 BRIGHT ANGEL AVE MERIDIAN 83646			
						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	KEITH C FLETCHER	4334 BRIGHT ANGEL AVE	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of: ID C 197776		6. Annual Report must be signed.* Signature: Jason Fletcher Name (type or print): Jason Fletcher					
		Date: 03/27/2015 Title: Authorized Person					
Processed 03/27/2015 * Electronically provided signatures are accepted as original signatures.							