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| No. W 150120 | Due no later than Apr 30, 2018 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. RECOVERCARE, LLC 1920 STANLEY GAULT PARKWAY SUITE 100 LOUISVILLE KY 40223 USA | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 | | | |
| | | | 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 | JOERNS HEALTHCARE PARENT LLC | 2430 WHITEHALL PARK DRIVE SUITE 100 | CHARLOTTE | NC | USA | 28273 |
| 5. Organized Under the Laws of: DE W 150120 | | 6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann Date: 03/30/2018 Title: POA | | | | |
| Processed 03/30/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | |