

No. W 150120	Due no later than Apr 30, 2017 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.		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
	RECOVERCARE, LLC 1920 STANLEY GAULT PARKWAY SUITE 100 LOUISVILLE KY 40223 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	LISA GILPIN	1920 STANLEY GAULT PARKWAY SUITE 100	LOUISVILLE	KY	USA	40223
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: 03/23/2017 Title: POA				
Processed 03/23/2017		* Electronically provided signatures are accepted as original signatures.				