

No. W 140096		Due no later than Jul 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. PROFESSIONAL CARE SERVICES LLC MARK J. FULLER 2596 N. STOKESBERRY PL 180 MERIDIAN ID 83646 USA		MARK JACKSON FULLER 2596 N. STOKESBERRY PL. 180 MERIDIAN ID 83646	
				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
MANAGER	JESSICA FULLER	2596 N. STOKESBERRY PL. 180	MERIDIAN	ID	USA 83646
5. Organized Under the Laws of: ID W 140096		6. Annual Report must be signed.* Signature: Jessica Fuller Name (type or print): Jessica Fuller Date: 08/12/2016 Title: Director of Operations			
Processed 08/12/2016		* Electronically provided signatures are accepted as original signatures.			