

No. **W 112350****Reinstatement Annual Report Form  
ADMIN DISSOLVED 06/12/2013**

Return to:

SECRETARY OF STATE  
450 N 4th STREET  
PO BOX 83720  
BOISE, ID 83720-0080**REINSTATEMENT FEE  
DUE: \$30.00****1. Mailing Address: Correct in this box if needed.**  
CAREGIVERS ASSISTING RETIRED ELDERS, LLC  
TAMMY WALMER  
3622 E FLORENCE DR  
MERIDIAN ID 83642**2. Registered Agent and Office  
(NOT A P.O. BOX)**TAMMY WALMER  
3622 E FLORENCE DR  
MERIDIAN ID 83642**3. New Registered Agent Signature.****4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
-------------------	------	----------------------	------	-------	---------	-------------

Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Tammy Walmer	3622 E Florence	Meridian	ID	ADA	83642
---	--------------	-----------------	----------	----	-----	-------

Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Tammy Walmer	3622 E Florence	Meridian	ID	ADA	83642
---	--------------	-----------------	----------	----	-----	-------

Manager <input type="checkbox"/> Member <input type="checkbox"/>
--

Manager <input type="checkbox"/> Member <input type="checkbox"/>
--

**5. Organized Under the Laws of:****IDAHO  
W 112350****6.**

Signature:

Name (type or print):

Date:

Title:

Tammy Walmer

12-30-2014

Manager

Issued 12/30/2014 by DK1