No. **W 118484**	**Due no later than Oct 31, 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.** SENIOR CARE RESOURCE, LLC LISA THOMPSON 104 9 TH AVE S. SUITE B NAMPA ID 83651	LISA THOMPSON 1021 W HAWAII AVE NAMPA ID 83686 3. New 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	LISA THOMPSON	1021 W. HAWAII AVE	NAMPA	ID	USA	83686

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 118484**	Signature: Lisa Thompson	Date: 08/23/2017
	Name (type or print): Lisa Thompson	Title: Manager

Processed 08/23/2017

* Electronically provided signatures are accepted as original signatures.