| No. W 41516 | | Due no later than Jul 31, 2017 | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|------------------------------------|--|------------------|---|----------|--------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | QUALITY (BRIDGETTI 423 HARM | Annual Report Form 1. Mailing Address: Correct in this box if needed. QUALITY QUAD CARE LLC. BRIDGETTE PRESNELL 423 HARMONY HEIGHTS LOOP OROFINO ID 83544 | | BRIDGETTE PRESNELL 423 HARMONY HEIGHTS LOOP OROFINO ID 83544 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| | ter Names and Addre | esses of at least one Member or Manager. | C:L | Chaha | Carratur | Dantal Carla | |
| Office Held Name | 77FD1 F781 | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER ALVIN | ZIERLEIN | 423 HARMONY HEIGHTS LOOP | OROFINO | ID | USA | 83544 | |
| 5. Organized Under the Laws of: 6. Annual I | | port must be signed.* | | | | | |
| ID Signatu | | : Bridgette Presnell | Date: 07/23/2017 | | | | |
| W 41516 | Name (typ | e or print): Bridgette Presnell | | Title: President | | | |
| Processed 07/23/2017 | * Electronical | * Electronically provided signatures are accepted as original signatures. | | | | | |