No. **C 102028**	**Due no later than May 31, 2018** **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.** LUTHERAN CARE CENTER, INC. SUSAN GRIMSMAN 519 TROTTER DR TWIN FALLS ID 83301	SUSAN GRIMSMAN 519 TROTTER DR TWIN FALLS ID 83301 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	MARION JERKE	328 11TH AVE N	BUHL	ID	USA	83316
DIRECTOR	JOHN LUTZ	363 WHISPERING PINE DR	TWIN FALLS	ID	USA	83301
DIRECTOR	DEANNA HAKKILA	226 WILDBRUSH CIRCLE	TWIN FALLS	ID	USA	83301
DIRECTOR	MARY LOU FREEMAN	506 FREEMAN ST	RUPERT	ID	USA	83350
DIRECTOR	DONALD FREEMAN	506 FREEMAN ST	RUPERT	ID	USA	83350
SECRETARY	ARLINE EGBERT	PO BOX 663	FILER	ID	USA	83328
TREASURER	MERVIN MUELLER	1959 GRANADA DR.	TWIN FALLS	ID	USA	83301
VICE PRESIDENT	STEVE THAETE	1782 JULIE LANE	TWIN FALLS	ID	USA	83301
PRESIDENT	SUSAN GRIMSMAN	519 TROTTER DR	TWIN FALLS	ID	USA	83301
DIRECTOR	NANCY KORB	1951 GRANDVIEW LN	BURLEY	ID	USA	83318
DIRECTOR	KENT KORB	1951 GRANDVIEW LN	BURLEY	ID	USA	83318
DIRECTOR	ILEAN BRUNS	1132 S 1500 E	EDEN	ID	USA	83325
DIRECTOR	RICHARD HAGEMANN	2458 E 3811 N	FILER	ID	USA	83328
DIRECTOR	SANDY ODELL	604 WASHINGTON	KIMBERLY	ID	USA	83341

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 102028**	Signature: Susan Grimsman	Date: 05/27/2018
	Name (type or print): Susan Grimsman	Title: President

Processed 05/27/2018

* Electronically provided signatures are accepted as original signatures.