

No. <b>C 214786</b>		<b>Due no later than Aug 31, 2018</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> CARR HEALTHCARE REALTY, INC. 10465 PARK MEADOWS DRIVE SUITE 205 LONE TREE CO 80124		REGISTERED AGENT SOLUTIONS INC 921 S ORCHARD ST STE G BOISE ID 83705			
				3. <u>New</u> 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	
SECRETARY	COLIN CARR	10465 PARK MEADOWS DRIVE SUITE 205	LONE TREE	CO	USA	80124	
PRESIDENT	COLIN CARR	10465 PARK MEADOWS DRIVE SUITE 205	LONE TREE	CO	USA	80124	
DIRECTOR	COLIN CARR	10465 PARK MEADOWS DRIVE SUITE 205	LONE TREE	CO		80124	
5. Organized Under the Laws of: <b>CO</b> <b>C 214786</b>		6. Annual Report must be signed.* Signature: MATTHEW ZORICH Name (type or print): MATTHEW ZORICH					
Date: 07/25/2018 Title: AUTHORIZED FILER							
Processed 07/25/2018		* Electronically provided signatures are accepted as original signatures.					