No. **C 160814**	**Due no later than Jun 30, 2016** **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.** ICARE MINISTRIES, INC. BRUCE F LEVI PO BOX 5096 BOISE ID 83705	BRUCE F LEVI 2815 W DILL DR BOISE ID 83705 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
PRESIDENT	BRUCE F. LEVI	2815 W DILL DR	BOISE	ID	USA	83705
SECRETARY	LARRY A. PATRICK	3351 N. HIGHWOOD PLACE	BOISE	ID	USA	83713
DIRECTOR	DANIEL A MILHOLLAND	6 NORWOOD COURT	BOISE	ID	USA	83716
DIRECTOR	ANNA J CASTENELLO	11168 BRASSY COVE, #101	NAMPA	ID	USA	83651

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 160814**	Signature: Bruce F. Levi	Date: 06/13/2016
	Name (type or print): Bruce F. Levi	Title: President

Processed 06/13/2016

* Electronically provided signatures are accepted as original signatures.