

No. C 142662		Due no later than Feb 28, 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. HOMELIFE CARE, INC. CARLENE A. MADALENA 3649 NORTH 1900 EAST FILER ID 83328-5661 USA		CARLENE A MADALENA 3649 NORTH 1900 EAST FILER ID 83328-5661			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).						3. <u>New</u> Registered Agent Signature:*	
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	CARLENE A MADALENA	3649 NORTH 1900 EAST	FILER	ID	USA	83328-5661	
SECRETARY	CARLENE A MADALENA	3649 NORTH 1900 EAST	FILER	ID	USA	83328-5661	
PRESIDENT	CARLENE A. MADALENA	3649 NORTH 1900 EAST	FILER	ID	USA	83328-5661	
5. Organized Under the Laws of: ID C 142662		6. Annual Report must be signed.* Signature: Gary J Atkinson Name (type or print): Gary J Atkinson Date: 02/06/2017 Title: CPA					
Processed 02/06/2017 * Electronically provided signatures are accepted as original signatures.							