

No. C 142662		Due no later than Feb 28, 2017		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		Annual Report Form 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		
				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
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.				