No. C 209115		Due no later than Mar 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		BRIAN THOMAS			
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. CARE HOUSE PARTNERSHIPS: A NAZARENE COMPASSIONATE MINISTRY OF THE TREASURE VALLEY INC. CARE HOUSE PARTNERSHIPS 601 16TH AVE SOUTH NAMPA ID 83651 USA		1307 N GAGE LANE NAMPA ID 83687			
				3. New Registered Agent Signature:*			
4. Corporations: Enter I	Names and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasurer	(optional).			
Office Held	Office Held Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	CHANDRA SALISBURY		12438 S SUNRISE MIST LOOP	NAMPA	ID	USA	83686
DIRECTOR			388 SOUTH ASH	KUNA	ID	USA	83634
TREASURER BARRY L LUC		ICAS	3325 BRADEN LANE	NAMPA	ID	USA	83686
VICE PRESIDENT BARRY W KENNARD		ŒNNARD	621 S DAVIN CREEK DRIVE	NAMPA	ID	USA	83686
5. Organized Under the Laws of:		6. Annual Report r					
ID C 209115		Signature: Sonja Vogel		Date: 02/07/2017			
		Name (type or print): Sonja Vogel		Title: Bookkeeper/HR Director			
Processed 02/07/2017		* Electronically pro	vided signatures are accepted as original sig	natures.			