No. <b>C 141328</b>		Due	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		The state of the s	BRANDEN R BEIER 526 17TH AVE, SUITE 4 LEWISTON ID 83501  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  COMPCARE, INC.  BRANDEN RAFAEL BEIER  150 126TH ST STE B  OROFINO ID 83544  USA		LEWISTON I				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nam	nes and Busin	ess Addresses of Pi	resident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	BRANDEN R. BEIER		1533 VINEYARD DR	LEWISTON	ID	USA	83501	
VICE PRESIDENT SECRETARY	AMANDA C BEIER KELLIE M FRASIER		1533 VINEYARD DRIVE 1519 MAIN STREET	LEWISTON LEWISTON	ID ID	USA USA	83501 83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Brar		Date: 01/22/2016				
C 141328		Name (type or		Title: President				
Processed 01/22/2016		* Electronically provided signatures are accepted as original signatures.						