| No. W 136466 | | Due no later than Apr 30, 2018 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------|---|---------------------------------|--------------------------|--|----------------|-------------|--|
| Return to: | | Annual Report Form | | | MONICA E PETERSON 319 SUNRISE RIM RD NAMPA ID 83686-8327 | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. JUNE BALDWIN CARE, LLC MONICA E PETERSON 319 SUNRISE RIM RD | | 1000 200000000 0000 0000 | | | | |
| | | NAMPA ID 83686-8327 | | 3. New Registe | 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | | |
| 4. Limited Liability Compa | nies: Enter Nar | mes and Addresses of | at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER SUZANN MARGARET HAWKES MANAGER SARAH LOUISE BURTON | | 1450 E. COVEY RUN COURT 5019 OLD OAK LANE | EAGLE HIGHLAND | UT UT | USA USA | 83616 84003 | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 136466 | | Signature: MONICA | | Date: 02/27/2018 | | | | |
| | | Name (type or prin | | Title: AGENT | | | | |
| Processed 02/27/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |