

No. <b>W 168346</b>		<b>Due no later than Jun 30, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  TRUSTED CARE OF IDAHO LLC TERRY SAWYER 10400 W OVERLAND RD 305 BOISE ID 83709		TERRY SAWYER 8515 W SMALL CREEK DRIVE BOISE ID 83709			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name TERRY L SAWYER	Street or PO Address 8515 W SMALL CREEK DR		City BOISE	State ID	Country USA	Postal Code 83709
5. Organized Under the Laws of:  <b>ID</b> <b>W 168346</b>		6. Annual Report must be signed.*  Signature: Terry Sawyer Name (type or print): Terry Sawyer  Date: 04/29/2018 Title: Owner					
Processed 04/29/2018      * Electronically provided signatures are accepted as original signatures.							