No. W 126108		Due no later than Jun 30, 2018		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			AMBER DAVIS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CARE CONNECTION OF IDAHO, L.L.C. AMBER DAVIS 215 N. 9TH ST. SUITE F. POCATELLO ID 83201		POCATELLO	215 N 9TH ST STE F POCATELLO ID 83201 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compani	ies: Enter Naı	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	AMBER DAW	/N DAVIS	155 VALLEYVIEW DR.	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Amber Davis			Date: 07/23/2018			
W 126108		Name (type or print): Amber Davis			Title: Owner			
Processed 07/23/2018 * Electronically provided signatures are accepted as original signatures.								