No. W 144170				2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		LYNNE E SMITH			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ANCHORAGE CARE MANAGEMENT, LLC (THE) LYNNE E SMITH PO BOX 1321 EAGLE ID 83616-1321 USA		1830 N PALMER LANE EAGLE ID 83616-1321			
				3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Comp	oanies: Enter Na	mes and Addresses of at	least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER LYNNE E SMITH		1830 N. PALMER LANE P.O. BOX 1321	EAGLE	ID	USA	83616-1321	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 144170		Signature: Lynne E. S	Date: 11/17/2015				
		Name (type or print):	Title: manager				
Processed 11/17/2015		* Electronically provided signatures are accepted as original signatures.					