

No. C 187379		Due no later than May 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ICARE, INC. DELORIS CRANE 2134 CANYON CREEK ROAD OROFINO ID 83544		DELORIS CRANE 2134 CANYON CREEK ROAD OROFINO ID 83544			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ELIZABETH SMITH	1691 OLD AHSAHKA GRADE	AHSAHKA	ID	USA	83520	
DIRECTOR	BARBARA OPDAHL	PO BOX 217	PIERCE	ID	USA	83546	
DIRECTOR	EVELYN KAIDE	PO BOX 1661	OROFINO	ID	USA	83544	
DIRECTOR	LYNNE SWAYNE	PO BOX 786	OROFINO	ID	USA	83544	
5. Organized Under the Laws of: ID C 187379		6. Annual Report must be signed.* Signature: Deloris Crane Name (type or print): Deloris Crane					
		Date: 04/27/2014 Title: Director					
Processed 04/27/2014 * Electronically provided signatures are accepted as original signatures.							